

## **IHRA Member Scholarships**

To encourage certification through HRCI and SHRM, scholarships will be provided to assist with preparatory classes and/or exam fees. One scholarship will be made available for either the HRCI or SHRM testing window (spring and fall) for the PHR, SPHR or GPHR certification in a maximum amount of \$300.

**ELIGIBILITY:** Must have been an IHRA member in good standing for at least 2 years. "In good standing" shall be defined as: dues paid, attending at least 75% of chapter meetings within the past 12 months. Any member receiving monetary assistance from their employer, NC SHRM State Council or national SHRM shall be ineligible for this scholarship.

### **APPLICATION PROCESS:**

- Provide information on the certification you are seeking (PHR, SPHR, GPHR).
- Provide an itemized documentation of personal costs incurred.
- Provide a description of any other tuition assistance funds available to you, e. g. through your employer.
- Provide documentation of successful completion of the prep class or certification exam.

**DECISION PROCESS:** Shall be determined by the IHRA Board. The IHRA Board shall reserve the right to discontinue this program at any time after a majority decision has been reached.

Once you complete the Scholarship Application, please mail the application to IHRA, Attn: Member Scholarship, P.O. Box 5064, Statesville, NC 28687.



Member Scholarship Application

Name: \_\_\_\_\_ Date of submission: \_\_\_\_\_

IHRA member since: \_\_\_\_\_

Certification sought: PHR \_\_\_\_\_ SPHR \_\_\_\_\_ GPHR \_\_\_\_\_

Provider of Study Course: \_\_\_\_\_

Dates of Study Course: \_\_\_\_\_

Cost of Study Course: \_\_\_\_\_

Examination Date: \_\_\_\_\_

Examination Cost: \_\_\_\_\_

Describe any other Tuition Assistance available: \_\_\_\_\_

\_\_\_\_\_

I understand that submitting an application does not guarantee receipt of financial assistance, and that eligibility requirements must be met as well as certification achievement.

\_\_\_\_\_  
Member Signature

Reviewed by Board: Date _____	Approved _____	Denied _____
Comments: _____		