

Walworth County Human Resource Association

Scholarship Application Process

The Walworth County Human Resource Association will offer two scholarships annually. Payment will be distributed to the student upon confirmation of enrollment the following fall semester.

Applications will be accepted until May 13, 2024, for scholarships to be distributed for the following fall term. The WCHRA Board of Directors will review all applications and select recipients based on the following criteria:

1. Timely submission of the completed application materials along with a copy of student's current transcript & current course schedule by the deadline date of May 13, 2024. GPA will be considered in the event of a tie in the selection process.
2. The student must be actively pursuing a major or minor in human resources, supervisory management, or a related discipline focusing on human resources management. **Students must have graduated from a Walworth County High School.**
3. One scholarship in the amount of \$1000 will be awarded to a student who is currently attending a four-year institution and will be entering their sophomore, junior, or senior year in a human resource related program.
4. One scholarship in the amount of \$500 will be awarded to a student who is at least halfway through a human resources generalist certificate program or who will be entering the third semester in a supervisory management or human resources-related associate degree program at a two-year institution.

Questions regarding the application process can be directed to Kris Welsh, Scholarship Chair, at kris.welsh@completestaff.net

Please return completed application to: Kris Welsh, Scholarship Chair, by email at kris.welsh@completestaff.net or mail completed application to:

WCHRA

Attn: Scholarship Committee

P.O. Box 261

Elkhorn, WI 53121

PLEASE NOTE: WCHRA reserves the right to withdraw or change the amount of any scholarship award based on lack of scholarship funding, misrepresentation of information by the applicant or withdrawal from the education institution by the designated applicant(s), or for any other reason at any time with or without notice as may be necessary. Proof of enrollment must be provided before any scholarship award will be paid. Scholarship awards will be paid directly to the applicant's educational institution for the purpose of tuition.

Walworth County Human Resource Association Scholarship Application Form

Applicant Name _____
Last Name First Name Middle Initial

Address _____
Street or P.O. Box City State Zip Code

Home Phone No. _____ Date of Birth _____
Include Area Code

High school you graduated from _____ Year _____

College you are attending _____ College GPA _____

Major Subject Area (College) _____

Minor Subject Area (College-if applicable) _____

Anticipated College Graduation Date _____ Residence: Dorm Off-campus Commuter

Please indicate your approximate total family or total household income:

- | | | |
|-------------------|--------------------|-------------------|
| Under \$10,000 | \$10,000-\$25,000 | \$25,000-\$50,000 |
| \$50,000-\$75,000 | \$75,000-\$100,000 | Over \$100,000 |

Have you applied for financial aid through your institution? Yes No

Total amount of your financial aid awarded for the 2023-2024 school year? \$ _____
Include ALL sources

Total amount of your education expenses the 2023-2024 school year? \$ _____
Include tuition, books, room & board

Place of Employment _____

_____ Phone No. _____
Street Address City State Zip Code Include Area Code

Avg. No. of Hours per Week _____ Supervisor's Name _____

Please list any extra-curricular activities. This can include competitive or non-competitive sports, hobbies, or specific groups you are associated with. (Attach a separate sheet if necessary):

Activity	Date(s) of Participation	Honors/Letters Received or Office(s) Held

Please describe any **community service** activities in which you have participated.

(attach a separate sheet if necessary):

Please describe your career goals over the next 3-5 years in the human resources field.

Please discuss any other information you would like us to be aware of that is relevant to your application for scholarship.

I certify that the above information is true & correct to the best of my knowledge. I fully understand that any misrepresentation of this information may jeopardize my receipt of any scholarship funds to be awarded as well as any funds already disbursed to me.

Signature of Applicant

Date of Application

For WCHRA Use only

Date Application Processed _____	Date of Approval _____
Reviewed By _____	
Amount of Award _____	Date of Award _____