



Dear Scholarship Applicant:

Thank you for your inquiry about the two \$1,000 scholarships that CHAHRM is offering for 2018; one specific to allied health programs and one for any HR professional interested in an HR degree or PHR/SPHR/CHHR certification. There are two different applications attached to this letter, based on the degree or certification you are pursuing. Please be sure to complete the one that is appropriate for you.

The deadline to return your completed application is Friday, September 28, 2018. Send your application packet to:

Nicole Schell  
HR Services Director  
UCHealth  
1400 E Boulder Street  
6<sup>th</sup> Floor, East Tower  
Colorado Springs, CO 80909

Winners will be announced in October. The recipients of the scholarships will have until December 31, 2019, to utilize their scholarships.

If you have any questions, don't hesitate to call me at 719-365-6565.

Sincerely,

Nicole Schell  
CHAHRM Scholarship Chairman

**CHAHRM SCHOLARSHIP APPLICATION  
FOR PURSUIT OF A DEGREE IN AN ALLIED HEALTH PROGRAM  
(September 28, 2018 deadline)**

Please type your entries on this application form. Should you need additional space, please feel free to type your addendum and include it with this application.

**I. APPLICANT INFORMATION**

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Have you received a CHAHRM scholarship in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

**II. ACADEMIC INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. EXTRACURRICULAR ACTIVITIES**

Please list any involvement you have in college or community activities like: literary groups, publications, dramatics, student government, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. EMPLOYMENT HISTORY**

Are you presently employed?  Yes  No

If yes, please list your employer and occupation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. REFERENCES**

a. Please include two (2) Professional Reference/Recommendation letters

**VI. FINANCIAL NEED**

What is your resident tuition status?      Resident    Non-resident

What is your annual cost for tuition? \$ \_\_\_\_\_ /year

How many credit hours do you have planned for the year this scholarship would cover? \_\_\_\_\_

What is your estimated annual living expense? \$ \_\_\_\_\_

Do you have (include amount if “yes”):

Resources available from family members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Resources available from government sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Resources available from your personal savings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Resources available from your current job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Resources available from fellowships, grants, or other scholarships?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Resources available from federal loans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other sources of income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

**VII. STATEMENT OF CAREER GOALS**

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THE FACTS SET FORTH IN MY APPLICATION FOR THIS SCHOLARSHIP ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM SELECTED, ANY FALSIFICATION OF THE APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR CANCELLATION.

APPLICANTS' SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CHAHRM SCHOLARSHIP APPLICATION  
FOR PURSUIT OF PHR/SPHR/CHHR CERTIFICATION  
(September 28, 2018 deadline)**

Please type your entries on this application form. Should you need additional space, please feel free to type your addendum and include it with this application.

**I. APPLICANT INFORMATION**

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Have you received a CHAHRM scholarship in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

**II. EXTRACURRICULAR ACTIVITIES**

Please list any involvement you have in college or community activities like: literary groups, publications, dramatics, student government, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. EMPLOYMENT HISTORY**

Are you presently employed?  Yes  No

If yes, please list your employer and occupation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. REFERENCES**

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**V. STATEMENT OF CAREER GOALS**

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APPLICANTS' SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_