

## CRHRA Certification Exam Scholarship Application

Please complete this application as thoroughly as possible. *This application and all information given will be held in confidence with the Certification Director and the Executive CRHRA Board Members.* To ensure timely submission of payment to HRCI for qualified applicants, this form should be completed **at least 2 weeks** prior to the regular certification exam deadline.

All questions about this application and process should be emailed to the Certification Director:  
[Certification@CRHRA.org](mailto:Certification@CRHRA.org)

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Name

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Address

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Best Phone Contact#

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Best Contact Time

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E-mail Address

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CRHRA Member since (if less than 1 year indicate month)

Employment: (please check) Employed\_\_\_ Self –employed\_\_\_ Unemployed\_\_\_ Student\_\_\_

If employed, Name and Address of Employer: \_\_\_\_\_

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Certification desired: \_\_\_\_\_ Testing Window Desired \_\_\_\_\_

Qualified & approved to take exam: Yes\_\_\_ No\_\_\_

If No, describe where you are in the process and your education and relevant HR Work

Experience: \_\_\_\_\_

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Reason Seeking Scholarship – describe in detail why funds are needed and what other sources for funds have been sought (if any) and results:

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Funds requested \$ \_\_\_\_\_

Affirmation: I understand that should the requested scholarship funds for the cost of the certification exam be approved, I am expected to sit for the exam in the designated testing window. I also understand that any approved award is a onetime event. In addition, I understand I am expected to volunteer for a committee or event of my choosing within 6 months of receiving an award.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Please email completed application to: [Certification@CRHRA.org](mailto:Certification@CRHRA.org)**

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Certification Director Review & Decision: \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Board Review & Decision: \_\_\_\_\_

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\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

Scholarship Award \$ \_\_\_\_\_