



**CAPE COD HUMAN RESOURCES ASSOCIATION
SCHOLARSHIP PROGRAM**

Application for Scholarship

Full Name: _____

Mailing Address: _____

Home telephone: () _____ - _____

E-mail address: _____

Employer Name & Address: _____

Work telephone: () _____ - _____

Your job title or HR role at your employer: _____

Amount of Scholarship requested: (Max. of \$500) _____

I.) Please outline in detail how the scholarship funds will be used:
(Name of book, course, workshop, location and dates and length of training, if applicable, full cost etc.)

II.) Briefly outline below how the scholarship will assist you in your educational/career goals:

Signature: _____

Please send completed application to: CCHRA
P.O. Box 665
Hyannis, MA 02601
ATTN: Scholarship Committee

All applicants will receive a response within 14 days of receipt, whenever possible. Be sure to mail in your paid receipt (if applicable) per the Scholarship Program Guidelines.