



**NORTH CAROLINA CHAPTER
INTERNATIONAL PERSONNEL MANAGEMENT ASSOCIATION**

SCHOLARSHIP APPLYING FOR:

Undergraduate/Graduate Municipal/County Administration
 IPMA-SCP/IPMA-CP Certifications NC IPMA-HR Annual Conference

How will this scholarship benefit you in the profession of Human Resources Management, and what are your career goals?

GENERAL INFORMATION:

NAME: _____
ADDRESS: _____
CITY: _____
ZIP CODE: _____
PHONE: _____

EMPLOYMENT INFORMATION:

EMPLOYER: _____
DEPARTMENT: _____
POSITION: _____
BUSINESS PHONE: _____
BUSINESS ADDRESS: _____

LENGTH of Time in personnel: ___ Years ___ Months
LENGTH of Time in Current Position: ___ Years ___ Months

BRIEF DESCRIPTION OF CURRENT JOB:

EDUCATIONAL BACKGROUND: (circle highest level completed)

GED High School Diploma Two Year College 1 2 College 1 2 3 4 5 6

NC IPMA-HR ACTIVITIES:

COUNTY/MUNICIPAL ADMINISTRATION:

(Complete the following section if you are applying for a scholarship for this program.) List any community activities, positions held in organizations and any other activities or offices held that might be indicative of your leadership ability:

Estimated Costs: Registration \$_____ Travel, Lodging Expenses \$_____

UNDERGRADUATE/GRADUATE/IPMA-SCP/IPMA-CP/ANNUAL CONFERENCE:

(Complete the following section if you are applying for a scholarship to assist in paying for the completion of approved courses.)

I hereby submit the following course(s) for approval under the procedures of the NC IPMA-HR Scholarship Program offered by the following institution: **Please provide copies of course grades and costs of courses and books.**

COURSE TITLE: _____
DATE BEGINS: _____
DATE ENDS: _____
REGISTRATION COST: _____
TUITION: _____
COST COURSE MATERIALS: _____

I am working toward: _____ Certification _____ Degree _____ Credit Only
Type of certification or degree:

CERTIFICATION

Employer Certification:

I certify that _____ [] does not have the financial ability to pay for the applicant to attend the requested course(s) or [] the amount required to pay for the applicant to attend the requested course(s) is in excess of budget allocations.

Authorized Organization Representative

Date

Applicant Certification:

I certify that the above information truly represents my background and experience. I understand that if my application is approved, the NC IPMA-HR Chapter will award a maximum of \$1000 per academic course not to exceed \$1000 per year. I further understand that upon my completion of the course(s) I will provide certification by the Institute that I have met the standards of the program(s), and the admission of all required documentation for approved expenses.

Applicant Signature

Date