



## 2021 Sheboygan Area - SHRM Jack Schoemer Scholarship Application

TYPE/PRINT

Name of Applicant: \_\_\_\_\_

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

School Address(if applicable): \_\_\_\_\_

Permanent Phone Number: (\_\_\_\_) \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_

Name of School Currently Attending: \_\_\_\_\_

In Fall I will be a: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

Declared Major Course of Study: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Cumulative Grade Point Average: \_\_\_\_\_

I Plan to Enroll Next Fall at: \_\_\_\_\_

I Plan to Complete my Degree at: \_\_\_\_\_

Will you be receiving any government monies (excluding loans), other scholarships and/or employer-funded dollars that cover the entire cost of your tuition for the next Fall Semester? Yes No

### Activities, Awards and Honors

List school and community activities you have participated in over the past 3 years. Note special awards or honors you have received during the past 3 years.

Activity/Award or Honor	Dates Involved/Received	Description of Involvement/Offices Held/Award or Honor Earned
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### Employment History

Employer Name	Date Employed	Position/Duties	Hours per Week
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**Attach a statement on a separate sheet of paper explaining your career goals and why you are pursuing education in Human Resources Management.**

I certify that I meet the basic eligibility requirements for the Sheboygan Area – SHRM Jack Schoemer Scholarship and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Signature \_\_\_\_\_ Date \_\_\_\_\_