



Hardship Assistance Program Application

Applicant Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

I certify the items marked below are true and accurate to the best of my knowledge:

- ☐ I have read the current MSHRM policy #M-026 HARDSHIP ASSISTANCE PROGRAM (available at MSHRM.org in the Members Only section on the Resources page or by contacting info@mshrm.org).
- ☐ This request will be used for (check all that apply):
 - ☐ MSHRM membership dues
 - ☐ Travel expenses to MSHRM-sponsored event
 - ☐ Hotel accommodations for MSHRM-sponsored event
 - ☐ Meal expenses for MSHRM-sponsored event
- ☐ If awarded hardship assistance monies, I will provide feedback to the Society in the following manner (select at least one):
 - ☐ Preparing an article for the Society's newsletter (Bits and Pieces).
 - ☐ Serve as a volunteer on a Society committee (i.e. Education Committee, Membership Committee, Communications Committee, Sponsorship Committee, Government Issues Committee).
 - ☐ Serve in another capacity, if approved by the board. Please provide explanation to be considered by the Board:

- ☐ I understand the Board will retain full discretion as to the amount, eligibility, qualification, purpose and use of the request for hardship monies.

Description of request, including amount of request:

I agree to the volunteer commitment as outlined in this application and understand that if I do not fulfill my volunteer obligation, the MSHRM Board can seek to collect the monies awarded to me.

Applicant Signature: _____ Date: _____

Submit Program Application to:

MSHRM Scholarships, PO Box 598, Oxford, MI 48371

Email: info@mshrm.org