



Scholarship 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-025 SCHOLARSHIP PROGRAM (available at MSHRM.org in the Members Only section on the Resources page or by contacting info@mshrm.org).
- ☐ I have been an active MSHRM member in good standing for at least 12 months.
- ☐ This request will be used for an educational and/or professional development opportunity in at least one of the following areas: enterprise risk management, loss prevention, loss reduction, patient safety and/or risk financing.
- ☐ This request will be used for (check all that apply):
 - ☐ Tuition for educational events, seminars, certification courses or conferences
 - ☐ Travel expenses
 - ☐ Hotel accommodations
 - ☐ Meal expenses
- ☐ The event will conclude within one calendar year. I understand that if the event does not conclude within this timeframe, all monies will be returned to MSHRM.
- ☐ If awarded scholarship monies, I will submit written invoices or receipts to the Chapter Administrator within 30 days of completing the activity.
- ☐ If awarded scholarship monies, I will maintain my MSHRM membership in good standing for at least 12 months following the award.
- ☐ If awarded scholarship monies, I will actively support MSHRM by completing one of the following MSHRM Support Actions (select at least one):
 - ☐ Preparing an article for the MSHRM newsletter (*Bits and Pieces*).
 - ☐ Serve as a volunteer on a MSHRM committee (i.e. Education, Membership, Communications, Sponsorship, or Government Issues Committee).
 - ☐ Serve in another capacity, if approved by the board. Please provide explanation to be considered by the Board:

- ☐ I understand recipients of the Scholarship Program will be announced at the Annual Meeting and/or in the MSHRM newsletter.
- ☐ I understand the Board will retain full discretion as to the amount, eligibility, qualification, purpose and use of the request for scholarship monies.

Name of program, event, seminar, course or conference (attach any applicable documentation (i.e. brochures, flyers, etc.)): _____

Location of program: _____

Date of program: _____ Registration Deadline: _____

Early Bird Registration Deadline (if applicable): _____

Regular Program Cost: _____ Early Bird Registration Cost (if applicable): _____

Estimated Travel Expenses (airfare, mileage, etc.): _____

Estimated Lodging Accommodations: _____

Estimated Meal Expenses: _____

Total Overall Estimated Cost: _____ Total Scholarship Request: _____

Name of Organization Sponsoring the Program:

Contact Person: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Explain how will this program will assist you in educational and/or professional development in the field of enterprise risk management (attach additional sheets if necessary):

Scholarship Award recipients will be required to submit their selection of MSHRM Support Action to MSHRM within 60 days of receipt of the award. The Board will specify for the recipient the date by which the selected Support Action is required to be complete.

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 will require reimbursement of the monies awarded to me.

Applicant Signature: _____ Date: _____

Submit Program Application to:

MSHRM Scholarships, PO Box 598, Oxford, MI 48371

Email: info@mshrm.org

For Office Use Only:

Dues verification: _____ *Name:* _____