



HEALTHCARE HUMAN RESOURCES ASSOCIATION OF MINNESOTA

Healthcare Human Resources Association of Minnesota Scholarship

(Please Print or Type)

Name: _____

Address: _____

City, State and Zip: _____

Phone: _____ Email: _____

E-mail Address: _____

Please Check One: **HHRAM Member:**

HHRAM Member's Dependent Child: _____

HHRAM Member's Co-worker:

Undergraduate Information:

Schools Attended	Year(s)	# of Credits or Degree Received
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Current Academic Information: Junior: Senior: Post-Graduate:

School or Program Attending: _____

Degree or Certification Pursuing: _____

Expected Graduation/Completion Date: _____

Activities: Community Service/Volunteer Work/Leadership/Fundraising Involvement:

Employment: Please list all jobs held. Begin with the most recent job. Use additional paper if necessary.

Employer and Address	Job Title	Dates of Employment
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Please itemize your current annual school-related expenses:

Tuition: _____

Fees: _____

Books: _____

Other (please specify): _____

Please attach the following:

***Your most recent record of grades. For post-grad students, a letter of acceptance into your chosen program should be included.**

***An essay detailing your educational and career goals, to be no more than two (2) pages, double-spaced.**

***A letter of recommendation from your direct supervisor or faculty member.**

The above statements are true to the best of my knowledge. Falsification or omission may result in the forfeiture of any scholarship monies I am awarded.

Applicant Signature: _____ **Date:** _____

Parent Signature (if applicable): _____ **Date:** _____