



**Capital Area Human Resource Association
Sons and Daughters Scholarship**

P.O. Box 16042
Jackson, MS 39211
<http://cahra.shrm.org>



Dear Applicant:

Thank you for your interest in CAHRA's Sons and Daughter's Scholarship to be provided by CAHRA for its members' children who are high school seniors, high school graduates, or planning to enroll as a first year college undergraduate student in an accredited community, junior, or (4) year college.

Description:

The Sons and Daughters Scholarship was established to assist member's children with first year college expenses. Three \$1,000 scholarships are awarded each year. Students must complete and submit an application by the set deadline in order to be considered. Applicants are responsible for gathering and submitting all necessary information.

Scholarship recipients are selected on the basis of academic achievement, school and community activities, honors, work experience, statement of educational and career goals and personal justification.

A selection committee comprising **non-CAHRA** members will review and determine scholarship recipient(s). Scholarship distribution will be based on the selection committee's determination and CAHRA's ability to fund the scholarship(s). CAHRA members or officers will not participate in the selection.

Recipients of the award will be notified prior to CAHRA's June meeting.

Requirements:

Applicants must meet the following requirements:

1. Son or daughter of a CAHRA member in good standing
2. High school senior or high school graduate
3. Enrolled in an accredited college or university
4. Only completed application will be considered
5. Copy of transcript is required and must be submitted with the application
 - Transcript must include your cumulative grade point average and SAT/ACT Score
 - Grade reports are not acceptable
 - Online transcripts must display student name, school name, grade, and term in which each course was taken

Payment:

Scholarship payments are authorized by CAHRA's board. Check payments are expected to be made to the recipient during CAHRA's June meeting. Recipients who are unable to attend such meeting will receive their award via a check mailed to the recipient's home mailing address.

Revision Policy:

The general conditions and procedures under which scholarships are authorized are at the sole discretion of CAHRA's board and may change with or without notice.

**FOR MORE INFORMATION, CONTACT
CAHRA's Sons and Daughters Award**

Selection Committee
P. O. Box 16042
Jackson, MS 39211
E-mail: jxncahra@yahoo.com



**Capital Area Human Resource Association
Sons and Daughters Scholarship**

P.O. Box 16042
Jackson, MS 39211
<http://cahra.shrm.org>



APPLICATION

Applications must be Postmarked by May 15th.

CAHRA Member Parent/ Guardian	Last Name: Click here to enter text.		First Name: Click here to enter text.		M.I.: Click here to enter text.	
	Work Telephone: Click here to enter text.			E-mail Address: Click here to enter text.		
Applicant Information	Last Name: Click here to enter text.		First Name: Click here to enter text.		M.I.: Click here to enter text.	
	Mailing Address: Click here to enter text.				Apt. # Click here to enter text.	
	City: Click here to enter text.		State: Click here to enter text.		Zip Code: Click here to enter text.	
	Contact Telephone: Click here to enter text.			E-mail Address: Click here to enter text.		
	School Name: Click here to enter text.			Graduation Date: Click here to enter text.		
High School Information	School Name: Click here to enter text.			Graduation Date: Click here to enter text.		
	Name: Click here to enter text.			Location: Click here to enter text.		
College Information Official name of college or university you plan to attend.	Name: Click here to enter text.			Location: Click here to enter text.		
	Major: Click here to enter text.					
WORK EXPERIENCE List your work experience. Give dates of employment and average hours worked each week.	Employer	Position			From	To:
	Click here to enter text.	Click here to enter text.				
	Click here to enter text.	Click here to enter text.				
	Click here to enter text.	Click here to enter text.				
	Click here to enter text.	Click here to enter text.				
ORGANIZATIONS, AWARDS, AND HONORS List all school, community and volunteer organizations. Note all special awards, honors, and offices held.	Organization	Positions Held		Special Honors or Recognition		# Years
	Click here to enter text.	Click here to enter text.		Click here to enter text.		
	Click here to enter text.	Click here to enter text.		Click here to enter text.		
	Click here to enter text.	Click here to enter text.		Click here to enter text.		
	Click here to enter text.	Click here to enter text.		Click here to enter text.		
	Click here to enter text.	Click here to enter text.		Click here to enter text.		
GOALS AND ASPIRATIONS Please give a summary of your educational and career objectives and long-term goals						



**Capital Area Human Resource Association
Sons and Daughters Scholarship**

P.O. Box 16042
Jackson, MS 39211
<http://cahra.shrm.org>



<p>PERSONAL JUSTIFICATION</p> <p>Explain why CAHRA should award you the scholarship.</p>			
Things to Remember			
<p>Transcript</p>	<p>A complete transcript of grades must be sent with this application. Grade reports are not acceptable. The following information should be included:</p> <p>✓ Cumulative Grade Point Average ✓ SAT Score ✓ ACT Score</p>		
<p>APPLICATION CHECKLIST</p>	<p>The student is responsible for submitting all materials to CAHRA on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:</p> <p><input type="checkbox"/> Completed Application <input type="checkbox"/> Current Complete Transcript(s) of Grades (including grading scale)</p> <p>POSTMARK DEADLINE: MAY 15th</p>		<p>All materials, including transcript, must be addressed to:</p> <p>CAHRA's Sons and Daughters Award Selection Committee P. O. Box 16042 Jackson, MS 39211</p>
<p>CERTIFICATION</p>	<p>CAHRA has the sole responsibility for selecting a recipient(s) based on the criteria set forth in the award description. This application becomes the property of CAHRA. (You are encouraged to keep a copy for your files.)</p> <p><i>I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is completed and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award authorized.</i></p>		
	CAHRA Member Signature:		Date:
	Applicant's Signature:		Date: