



**SoACE PROFESSIONAL DEVELOPMENT
SCHOLARSHIP**
Employer Membership

NAME: _____
EMPLOYER: _____
DEPARTMENT: _____
ADDRESS: _____
PHONE NUMBER: _____
FAX: _____
EMAIL: _____

Please provide a one-page response to the following questions and attach your resume.

1. Briefly state why you wish to be awarded a scholarship designated for Employers to attend an HR-related professional development program. Include the name of the program/event, location, dates and itemized cost of the program of choice.
2. Describe your career objectives.
3. Include any additional information the SoACE Scholarship Committee should consider relative to your scholarship application.

I verify that the information submitted is accurate as of the time of application. I understand that by submitting this application, I am committing to apply the SoACE Professional Development Employer Scholarship toward a HR-related professional development program/event/certification. The maximum amount of the scholarship is \$1500. I understand that any additional expenses beyond this amount will be either my personal responsibility or my employer's. **I understand the scholarship is provided for a one-time expense and must be used by April 1, 2009.**

Applicant's Signature

Date

Application must be postmarked by March 7, 2008

SUPERVISOR'S APPROVAL:

I recommend the person named above for the SoACE Professional Development Scholarship award. If selected, I will support his/her attendance at the professional development program as named in this application process.

Name (*print please*)

Title

Signature

Date