



Application for The David L. Taton Scholarship Award for Professional Development

Thank you for your interest in The David L. Taton Scholarship Award for Professional Development. Please read this application carefully and follow all instructions.

Please keep in mind that applications must be received by the selection committee by October 15, 2023, and must contain all supporting documentation to be considered for an award.

Name of academic institution where classes will be attended: _____

Please indicate the date by which the award check must be received by you if you are selected to receive the scholarship _____.

Your Name: _____

Home Address: Street _____ Apt # _____

City _____ State _____ Zip Code _____

Business Address (if employed): Employer Name _____

Your title: _____

Department: _____ Office # _____

Street _____

City _____ State _____ Zip Code _____

Contact: Home: _____ Business: _____ Mobile: _____

Please circle the preferred telephone contact: Home Business Mobile

E-mail address: _____



Supporting documentation:

1. Submit a resume of no more than 2 pages in length.
 2. On a separate attachment, please describe in your own words the following questions:
 - Tell us about your academic, volunteer and/or work experience?
 - What are your HR Career aspirations?
 - Describe your financial need?
 3. Reference letter
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Application checklist: This application becomes complete and valid only when you have submitted all of the following materials to the selection committee:

- Completed and signed application.
 - A copy of the description of the academic program from a regionally accredited institution.
 - Copy of your transcripts showing a GPA of at least a 3.0 on a 4.0 scale
 - Reference letter
 - Short answer questions about academic, volunteer and work experience, career aspirations, and financial need
 - Current RI SHRM member (professional or student)
 - Submission of application by September 1st
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Signature: In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I agree to give additional information with this application if requested. Falsification of information may result in termination of any scholarship awarded including an obligation to repay all funds disbursed. This application becomes the property of *The David L. Taton Scholarship Award for Professional Development Selection Committee*. I understand the Committee will review the application and all supporting documentation and that the decisions of the committee are final.

Applicant's signature:

Date



Applications are to be mailed to:

The David L. Taton Scholarship Award for Professional Development Committee
c/o Roxane Rusnak, SHRM-CP; Foundation Director, RI SHRM
ri.shrm.foundation@gmail.com