

NC ASHRM Risk Management Scholarship Application

Name: _____

Employer: _____

Current Position: _____

Years In Current Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone #: _____

E-mail Address: _____

Fax #: _____

Are you currently or have you ever been a member of NCASHRM? If so, please detail:

Do you have certifications which require continuing education credits to maintain? If so, please specify:

Does your employer provide financial support for any professional organization membership(s) on your behalf? If yes, provide the name of the organizations: _____

What percentage of your job responsibilities are assigned to risk management activities? _____

Specify other areas of job responsibility outside of risk management:

Please attach a narrative describing the reason(s) you wish to be considered for this scholarship and address the financial need as it may exist. (Limit to 250 words or less).

Return the completed application to:

**Janna Bennett, NC ASHRM Professional Development Chair, via email:
janna.bennett@cna.com.**

****Please return all applications by October 1st, 2018****