

**NC ASHRM 2020 Risk Management Scholarship Application**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Current Position: \_\_\_\_\_

Years In Current Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

Yes (If yes how many years?) \_\_\_\_\_  No, not currently a member

Do you have CPHRM certification?  Yes  No

Does your employer provide financial support for any professional organization membership(s) on your behalf?

If yes, provide the name of the organizations:

\_\_\_\_\_  
\_\_\_\_\_

Have you received the NC AHSRM Conference scholarship previously? (Applicants are not eligible until 24 months after previous receipt of scholarship.) If so, please specify when \_\_\_\_\_

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

<30%  30-50%  >50%  100% Risk Management Functions

Specify other areas of job responsibility outside of risk management:

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**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 10th, 2019\*\****