



Where HR Professionals
Connect, Develop and Lead



Assurance of Learning Assessment Scholarship Application

Date: ____/____/20____

Name:

Address:

Phone: _____ E-Mail: _____

MAHRA member: YES NO

SHRM Member#: _____

College/University

Attending: _____

Degree or

Concentration Program: _____

Date of Graduation: ____/____/20____

Do you meet all of SHRM requirements to take the exam? YES NO

Have you attended at least 4 MAHRA monthly meetings in the last year? YES NO

If No; explain why you are an active and participating member of MAHRA:

Signature: _____ Date: _____