HRAWO Scholarship Program

1. The Human Resources Association of Western Ohio (HRAWO) will be issuing one scholarship to be used towards an associate or bachelor's degree at an accredited university.

2. The scholarship will consist of a one-time payment of $1,000.00.

3. One scholarship for the academic year will be awarded to an incoming freshman or current college freshman.

4. Each spring thereafter, a scholarship will be awarded to a student who will be a freshman the following fall or who is a current college freshman. Should the HRAWO Scholarship Committee not receive any qualified applicants, the previous awardee will be considered for a second award. The previous awardee must meet the qualifications in paragraph five (5).

5. At the end of the freshman year, the recipient will be considered for a second scholarship, provided he or she has carried at least 12 credit hours each semester, has achieved a cumulative grade point average of 3.0 or better each academic year, and has not been subjected to disciplinary action for misconduct. The scholarship renewal will be at the discretion of the HRAWO Scholarship Committee after reviewing the matter with school officials. During each academic year, the recipient will be expected to maintain a grade point average of 3.0 and keep in good academic standing.

6. A recipient can only receive a maximum of two awards.

7. This scholarship shall be awarded without regard to race, color, creed, sex, religion, national origin or employment association of parents or relatives. To be eligible to apply, a student must meet the following qualifications:

a. Be a senior graduating from an Auglaize, Darke, Mercer, Miami or Shelby County High School (Public, Private or Home School) or a current college freshman who graduated from an Auglaize, Darke, Mercer, Miami, or Shelby County High School (Public, Private or Home School).
b. Planning to attend an accredited university to earn an associate or bachelor's degree.
c. Pursuing a degree in Human Resources or a related field.
d. Have a minimum of a 3.0 grade point average.
e. Must furnish a high school transcript and copies of college admission test results.
f. Must provide well-thought-out, detailed responses to the following questions:
    i. Why are you passionate about your chosen area of study?
    ii. What are your educational and career goals?
    iii. What is your proudest accomplishment over the past four years and how do you plan to utilize the lessons learned in your next stage of life?
    iv. What makes you different from other applicants? Why do you think you should be selected for this scholarship?

8. Scholarship recipients will be chosen by the HRAWO Scholarship Committee. Selection criteria will include: academic achievement, demonstrated leadership and career desires.

10. The completed application should consist of:

a. HRAWO Scholarship Application Form - completed and signed by applicant.
b. Applicant's detailed response to each question posed above.
c. A high school transcript; and
d. Standardized test scores (ACT or SAT).

11. All applications must be received by April 25, 2025. A winner will be selected by May 16, 2025. Email completed application to:

hrwesternohio@gmail.com

HRAWO SCHOLARSHIP APPLICATION

Date _____ **Name** _____
(First, Middle Initial, Last)

Preferred Name _____ **Phone** _____

Email _____

Address _____
(Street) (City) (State) (Zip Code)

Name of High School _____

Address of High School _____
(Street) (City) (State) (Zip Code)

Guidance Counselor's Name _____ **School Phone** _____

Guidance Counselor's Email _____

Current Grade Point Average (GPA) _____

Number of Students In Your Class _____ **Your Rank From Top** _____

College Admissions Test Results (Indicate Name of Test & Score Below. Submit copies of results with application.)

_____

_____

Extracurricular Activities _____

_____

Awards _____

_____

Work Experience

_____

What College/University Do You Plan On Attending? _____

What Do You Plan To Study In College? _____

What Are Your Career Interests Upon Completing College? _____

Do You Have A Family Member Associated With The HRAWO Organization? (Yes/No) _____

If Yes, Please List His/Her Name _____

_____ _____
(Signature) (Date)