



## **Financial Assistance Application for Professional Development**

### **Purpose for Financial Assistance**

HRMN is committed to the professional development of its members. The board of directors ensures funds are available on a yearly basis to members in good standing who are seeking to advance their human resource related knowledge. HRMN recognizes that not all its members have the capacity to pay for their professional development activities if not financially supported, in whole or part, by their employer. As such, HRMN is dedicated to giving members an opportunity to apply for professional development financial assistance.

### **Eligibility Criteria**

HRMN member must:

- Be a current member and have maintained membership for a minimum of one year;
- Be in good standing with HRMN;
- Have attended at least seven HRMN membership meetings or affiliated activities in the past 12 months;
- Have a need for the financial assistance;
- Be willing to provide a testimonial (either verbal or written) regarding the knowledge gained &/or how the financial assistance helped your professional development to the general membership.

### **Application Review and Restrictions**

- Complete applications should be submitted to the Professional Development Director. Contact information is available on the HRMN website at <http://hrmn.shrm.org/> under the 'Board Members' tab.
- All applications are reviewed for eligibility and are based on the availability of funds.
- No request will be approved for more than \$500.00 in a calendar year.
- Approval is subject to the decision of the Professional Development Committee.
- Preference is afforded to eligible members who have not been awarded previous financial assistance within the past two years from HRMN.
- Applicants will be contacted by the Professional Development Director, or designee, regarding the application approval status and other relevant information.
- Checks for approved financial assistance will be made payable directly to the HRMN member *only* if the member provides prior proof of payment. Otherwise, checks will be made directly to the organization or vendor. The approved member is responsible for submitting payment to the organization/vendor upon receipt of the executed check.

## Financial Assistance Application for Professional Development

HRMN Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current HRMN member: Yes  No  Current SHRM member: Yes  No

Number of years involved with HRMN: \_\_\_\_\_

Number of HRMN activities participated in w/i past year: \_\_\_\_\_

My employer offers professional development assistance: Yes  No  If yes, how much: \_\_\_\_\_

**Certification Preparation and/or Testing Support**

Amount Requested: \_\_\_\_\_

Type of Certification: SHRM-CP  SHRM-SCP  PHR  SPHR  Other  \_\_\_\_\_

This is a reimbursement request for money I have already expended: Yes  No

Check to be made out to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Continuing Education**

Amount Requested: \_\_\_\_\_

Type of Education: Seminar  Webinar  Conference  Other  \_\_\_\_\_

This is a reimbursement request for money I have already expended: Yes  No

Check to be made out to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Membership Assistance**

Amount Requested: \_\_\_\_\_

Membership: HRMN  SHRM  Other  \_\_\_\_\_

Length of Membership Requested: 1 Year  Other  \_\_\_\_\_

This is a reimbursement request for money I have already expended: Yes  No

Check to be made out to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Please provide a brief explanation to the following (use additional paper if necessary):**

Current/past involvement with HRMN: \_\_\_\_\_

Need for financial assistance: \_\_\_\_\_

How HRMN assistance will help with professional development: \_\_\_\_\_

Additional information to be considered: \_\_\_\_\_

Member Signature: \_\_\_\_\_

*(Revised 03/01/2016)*

**Committee use only.**

Date Received: \_\_\_\_\_

Approved: Yes  No  Amount: \_\_\_\_\_