



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

### **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 professional and student members in good standing who are seeking to advance their human resource related knowledge. HRMN recognizes that not all of its members have the capacity to pay for their professional development activities or memberships if not financially supported, in whole or part, by their employer.

### **Eligibility Criteria**

HRMN member must:

- Be a current professional or student member and have maintained membership for a minimum of one year with the exception of new HRMN members who wish to apply for HRMN membership assistance;
- Be in good standing with HRMN and SHRM (if applicable);
- Have attended at least six HRMN membership meetings or affiliated activities in the past 12 months (affiliated activities include SHRM affiliated and SHRM student chapter activities);
- Have a need for the HR-related financial assistance;
- Be willing to provide a testimonial (either verbal or written) regarding the knowledge gained &/or how the financial assistance helped the member's professional development.
- For certification support, member must plan to sit for exam within twelve months and meet certification eligibility requirements as set by SHRM and/or HRCI.

### **Application Review and Restrictions**

- Applications are available on the HRMN website at <https://www.hrmn-shrm.org/Financial-Assistance>. Complete applications should be submitted to the Professional Development Director. Contact information is available on the HRMN website at <https://www.hrmn-shrm.org/Board-Members>.
- All applications are reviewed for eligibility and are based on the availability of funds.
- There is no limit to the number of requests a member can submit per calendar year; however, no member will be approved for more than a combined total of \$750.00 in any 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 financial assistance. HRMN membership meeting support is provided in the form of a three month prepaid meeting card.

**HRMN Financial Assistance Application  
for Professional Development or Membership**

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

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

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

Number of years involved with HRMN (or SHRM affiliate): \_\_\_\_\_

Number of HRMN or affiliate activities participated in the past twelve months: \_\_\_\_\_

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

**Certification Preparation and/or Testing Support**

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

If approved, funds may be used for any combination of tuition, books, course, or test-related fees.

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: \_\_\_\_\_

**Recertification Application Support**

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

Recertification for: 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 Dues Assistance**

*\*New HRMN members may waive the one year eligibility criteria in order to apply for HRMN membership dues assistance.*

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

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

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

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

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

**HRMN Membership Meeting Support**

If approved, HRMN member meeting support is provided in the form of a three month prepaid meeting card. Prepaid meeting card must be used within six months of approval. The prepaid meeting card is not eligible to be used for the annual HRMN conference.

**Describe current involvement with HRMN or affiliate activities:**

**Need for financial assistance:**

**Employer financial support provided:**

**If approved for assistance, how do you plan to apply the skills and knowledge gained to benefit your career, organization, and community:**

**Additional information to be considered:**

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

*By signing this form I attest the information provided is true, accurate and complete. I understand that any false statements or deliberate omissions on this application may be grounds for disqualification from eligibility for HRMN financial assistance.*

**Committee use only.**

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

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