



Professional Development SHRM Membership Support Guidelines

Overview

The professional development award program has been established to support active members of Human Resource Management Network (HRMN) who serve and advance the HR profession. Current active HRMN members who are applying for or renewing their SHRM membership are eligible to apply for support. Past award recipients and previous applicants are eligible to reapply for funds each year. Applications will be accepted throughout the year. One award will be provided each quarter in the amount of \$120. The HRMN professional development committee will review applications, determine award amounts and select award recipients.

Eligibility

You must be an active HRMN member in good standing for one year.

Criteria

Membership Support

Applicants must be applying for the first time or renewing their national SHRM membership. Applicants will be reviewed each quarter of the calendar year. One award will be provided each quarter in the amount of \$120.

How to apply

Applications are available at general membership HRMN meetings and on the HRMN website at <http://hrmn.shrm.org>. Questions can be directed to the current HRMN Professional Development director. Completed applications and supporting materials should be submitted to the HRMN Professional Development Committee, PO Box 256, Manhattan, KS 66505.

Distribution of Awards

Applications for award requests must be received prior to the quarter requested. If insufficient funding exists, application(s) may be considered during the next quarter or award year.

As a condition of receiving funds, recipients will be requested to supply receipts as proof of payment to the HRMN membership.

Professional Development SHRM Membership Support Application

Return this application to HRMN Professional Development Committee, PO Box 356, Manhattan, KS 66505 or Craig.Poe@MidwestConcreteMaterials.com.

Please print or type.

Name: _____ Date: _____

Mailing Address: _____

Telephone: _____

Email: _____

SHRM Member? No Yes, membership # _____

Date of Renewal: _____

Does your employer pay for your professional membership? No Yes

If yes, amount: _____

I certify that the information provided is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____