



Allen D. Engle  
Human Resources Scholarship  
Application  
2010 – 2011 Academic Year

Return all information by November 5, 2010 to:

Email: [harnett.hr@gmail.com](mailto:harnett.hr@gmail.com)

OR

Mail:

Kate Harnett

Bluegrass Compensation Association

PO Box 54867

Lexington KY 40555-4867



**RETURN BY NOVEMBER 5, 2010**

**Allen D. Engle Human Resources Scholarship Application**

Personal Data Sheet

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Local Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_\_) \_\_\_\_\_

University/College Name: \_\_\_\_\_

Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Current Class Standing:    Sophomore    Junior    Senior    Graduate Student  
(see attached verification form to be completed by school official)

**Education History** (post-secondary only)

Name of School	Location	Major	GPA

**Work History** (do not submit resume; add sheets if needed)

From	To	Company Name	Position	Reason for Leaving

**Professional Credentials:**

Have you sat for either the PHR or SPHR exam?    NO    YES

If yes, attach copy of pass / fail confirmation from HRCI.

Are you pursuing any other professional credentials?    NO    YES (please list below)

---

**Personal Data Sheet (cont'd)**

Identify extracurricular activities you participate in and honors received through academic, community/service or professional organizations.

Name of Organization	Member, Office Held, or Honor Received	Dates Joined / Held Office	Current Member	Participation Level (attend Meetings & Activities)
			YES / NO	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
			YES / NO	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
			YES / NO	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
			YES / NO	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
			YES / NO	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
			YES / NO	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
			YES / NO	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%

Why do you believe you are the best candidate for this scholarship?

---



---



---



---

Career Goals (briefly describe your goals upon completion of your degree program)

---



---



---



---



## Allen D. Engle Human Resources Scholarship Application Class Standing Verification Form

**Return by November 5, 2010**  
Email: [harnett.hr@gmail.com](mailto:harnett.hr@gmail.com)

OR  
Mail: Attn: Kate Harnett  
BCA, PO Box 54867, Lexington, KY 40555-4867

Dear Registrar:

The following information is requested to support my application for a scholarship to be awarded by the Bluegrass Compensation Association (BCA) for the current academic year.

I authorize you to provide the requested information and return it to BCA at the address above.

Thank you in advance for your assistance,

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student ID Number

Student Name	Hours Completed toward Degree	Current Enrolled Hours	Total Hours/ Classification (Fr/So/Jr/Sr/Grad)	Major	GPA

\_\_\_\_\_  
Signature of University Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of College/University

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_



## **Allen D. Engle Scholarship Application Instructor Letters of Recommendation**

Applicants for the scholarship must include two (2) letters of recommendation from instructors in the student's core curriculum for their major. The letters are to include at a minimum the instructor's observation and commentary on student's participation in class lectures and projects, leadership ability, and future career potential. Please return your letter directly to BCA (reply information below).

Please ensure the letterhead contains the following data:

- Student Name
- Date
- Instructor Name and Title
- Instruction Contact Information
- School Name

**Return by November 5, 2010 to:**

Email: [harnett.hr@gmail.com](mailto:harnett.hr@gmail.com)

OR

Mail: Kate Harnett  
Bluegrass Compensation Association  
PO Box 54867  
Lexington KY 40504