

**Huntsville Rehabilitation Foundation, Inc.**  
**Scholarship Application**

1. Form must be completed and forwarded through your supervisor to the Human Resource Department by the announced deadline.
2. Human Resource Department will verify eligibility and forward to the Scholarship Selection Committee.

Name:

Department:

Division: (Circle one)  
Phoenix Industries  
Phoenix Service  
HRC

Date of Employment:

I, \_\_\_\_\_, understand that if I am selected to receive the HRF Scholarship that I must provide evidence that I completed the course(s) to which the scholarship funds were provided for successfully and that if I leave HRF's employment within 12 months from the date of the award of the scholarship, that the amount of the scholarship will be withheld from my final paycheck.

Signed:

Date:

List the specific courses you will pay for if awarded the scholarship:

How will your completing these courses improve the provision of services of HRF programs? Specifically, what benefit will program participants or employees realize if you successfully complete these courses?

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How will these courses improve or increase your contributions to the overall programs in your current job?

Will these courses improve your qualifications for positions of greater responsibility within HRF? If yes, how?

Supervisor's Endorsement of Application:

Signed (supervisor):