

Kathleen McComber Scholarship Program

SUBMISSION DEADLINE: November 28, 2025

The Kathleen McComber Scholarship Program is independently managed by the Central Arkansas Human Resource Association (CAHRA).

Founded in 1951, the Central Arkansas Human Resource Association (CAHRA) is the oldest and largest association of HR professionals in Central Arkansas and is the only one nationally affiliated to the Society of Human Resource Management (SHRM)

Representing more than 300 members, CAHRA exists to:

- *proactively provide high quality, dynamic and relevant programs & services to our members;*
- *act as an advocate & proactive voice of the HR professional at the state and local level;*
- *provide leadership opportunities through volunteer services that will enhance both professional & personal growth; and*
- *build & sustain partnerships that will make a positive impact and contribute to the community.*

ELIGIBILITY

To be eligible, applicants must:

- Have a major in Human Resources Management or a related field with career emphasis in Human Resources Management;
- Maintain a minimum GPA of 3.0 in business classes and 3.0 overall; and
- Be a junior or senior college student, or in a graduate program at an accredited post-secondary institution in the state of Arkansas.

AWARDS

One scholarship of \$1,000 will be granted. Awards may be used for undergraduate or graduate study.

APPLICATION PROCEDURE

Interested students must submit the following:

- two-page, completed application
- an application letter that explains his or her interest in Human Resources Management (or related field of study)
- an updated resume
- a current official transcript with university seal/watermark
- two letters of recommendation from an academic advisor, a professor in the relevant field of study, or the department head.

Applicants are responsible for gathering and submitting all necessary information. Because applications are evaluated on the information supplied, applicants are advised to answer every question as completely as possible.

Failure to meet application requirements may disqualify applicant.

All information received is considered confidential and is reviewed only by CAHRA.

SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of academic record, potential to succeed, leadership and participation in school and community activities, honors, work experience, statement of education and career goals, and consideration of unusual personal or family circumstances.

Selection of recipients is made by an evaluation committee composed of members of the CAHRA. Scholarship recipients are selected without regard to race, color, national origin, creed, religion, sex or disability.

All applicants will be notified of results after submission deadline.

PAYMENT OF AWARD

Checks are payable jointly to the student and the school and must be endorsed by both.

OBLIGATIONS

Recipients have no obligation to CAHRA. They are, however, required to supply CAHRA with current, official transcripts (will be returned upon request) and to notify CAHRA of any changes of address, school enrollment, or other relevant information. Except as described in this brochure, no obligation is assumed by CAHRA.

REVISIONS

The general conditions and procedures under which scholarships are made are subject to periodic review by CAHRA.

ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

CAHRA
ATTN: College Relations Committee
P.O. Box 25964 • Little Rock, AR 72221
Phone: 501-224-4840
Email: cahra@cahra.net

Central Arkansas Human Resources Association Kathleen McComber Scholarship

TYPE OR PRINT ALL INFORMATION EXCEPT FOR SIGNATURES
If space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application. **Application postmark deadline November 28, 2025.**

APPLICANT DATA

NAME Last _____ First _____ MI _____
PERMANENT HOME MAILING ADDRESS Street _____ Apt. # _____
City _____ State _____ Zip _____
DATE OF BIRTH Month _____ Day _____ Year _____ Phone _____

Please indicate your status. (for statistical purposes only)
 Male Married Alaskan Native American Indian Asian/ Pacific Islands
 Female Single African American Hispanic White

HIGH SCHOOL DATA

SCHOOL NAME _____ Graduation Date: Month/ Year _____
PRINCIPAL _____ Phone _____
ADDRESS Street _____ City/State/Zip _____

POST-SECONDARY SCHOOL DATA

Name of post-secondary school(s) you attend or have attended.

City _____ State _____

City _____ State _____

Year in post-secondary program next school year:
1 2 3 4 5 6 7

Major or course of study _____ Anticipated date of graduation _____

Student will: live on campus live off campus commute from home
If school is public institution, applicant will pay: in-state resident tuition out-of-state tuition

WORK EXPERIENCE

Describe your work experience during the **past four years**. Indicate dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job.

Company/ Position	From-Mo/Yr	To- Mo/Yr	Hrs/Week	Amount Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACTIVITIES AWARDS & HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Indicate all special awards, honors and offices held. Separate high school and college activities.

GOALS

Make a statement of your plans as they relate to your educational and career objectives and future goals.

UNUSUAL FACTORS

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To be completed by a college counselor or advisor, an instructor, or a supervisor who knows you well.

You have been asked to provide information in support of this scholarship application. Please give immediate and serious attention to the following statements. When complete, please return to applicant, or photocopy this section and return to applicant in sealed envelope.

The applicant's choice of a post-secondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/ her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant has good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments _____

Appraiser's Name _____ Title _____ Phone _____

Signature _____ Date _____

Appraiser's Business Address
Street _____ City/State/Zip _____

OTHER AWARDS

Please list below the name and amount of any grants or scholarships you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending
_____	_____	_____	_____
_____	_____	_____	_____

APPLICATION CHECKLIST

This application for a scholarship becomes complete and valid only when you have returned all of the following materials:

- Student Application
- Application Letter
- Updated Resume
- Current Transcript
- Two Letters of Recommendation (from academic advisor, major professor, or department head)

College \Education Relations Committee

CAHRA
P.O. Box 251824
Little Rock, AR 72211

The student is responsible for submitting all materials to CAHRA on time. **Postmark Deadline is November 28, 2025.**

RECIPIENT SELECTION

The CAHRA evaluation committee has the sole responsibility for selecting recipients basing the decision on criteria as set forth in the program's descriptive brochure.

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of CAHRA.

Applicant's Signature _____ **Date** _____
