

***HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION
NEW JERSEY CHAPTER***

Policy: B08
Title: Scholarship

Date Approved by the Board of Directors: July 14, 2009
Effective Date: July 14, 2009

Policy: Each year the HFMA NJ Chapter awards (Chapter budget permitting) at least one education scholarship of up to \$3,000, to a member, member's spouse or member's dependent based on certain criteria.

Purpose: The intent of this policy is to return earnings generated by the Chapter to its members by assisting in providing educational financial support.

Procedure: A member of the chapter must submit a scholarship application (Attachment A) and forward a copy to the immediate past president, who serves as the Scholarship Committee Chairperson.

The availability of Chapter Scholarships will be announced annually, in February, with a submission a deadline of April 1st. The selected recipient/recipients will be notified in May and winners will be publicly announced at the June Quarterly meeting.

The requirements for scholarship eligibility include:

- A member, in good standing, of the New Jersey Chapter for the last two years.
- A spouse or dependent of a member, in good standing, of the New Jersey Chapter, for the last two years.
- Enrolled in an accredited college, university, nursing school or other allied health professional school.

Preference will be given to applicants pursuing degrees in finance, accounting, healthcare administration or a healthcare related field of study. Tuition not paid by an employer or other scholarship will qualify for the HFMA scholarship.

Candidate selection is based on merit, academic achievement, civic and professional activities, course of study and content of the application and essay. We do not utilize income in our selection process. Members of the Board of Directors, Officers and Advisory Council and their spouses or dependents are not eligible for scholarships. This eligibility requirement excludes any current Board member whose term begins or ends in the same calendar year of the award.

Attachment A

NEW JERSEY HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION MEMBER'S ANNUAL SCHOLARSHIP APPLICATION

MEMBER INFORMATION

Members Name _____
Member Address _____
Membership # _____
#Years in HFMA _____ # Years in NJ Chapter _____
Member Employer _____

PART 2 – EDUCATION BACKGROUND

Highest Level of Education Attained _____
School _____
GPA _____ Degree _____ Major _____
(Proof must be provided documenting Grade Point Average)

APPLICANT INFORMATION

PART 1 - PERSONAL DATA

Applicant Name _____
Address _____
Relationship to Member _____
College _____
Course (s) to be taken _____

PART 3 – PROFESSIONAL CAREER

Employment History (List employment history as Attachment A.)

PART 4 – COMMUNITY AND PROFESSIONAL ACTIVITIES

Please describe your civic and professional activities and contributions to your community, profession, HFMA or other organization. (Please label as Attachment B.)

PART 5 - ESSAY

Matriculated Student YES _____ NO _____
Degree/Program Pursued _____
Anticipated Graduation Date _____
Major _____ Annual Tuition _____
Amount of Employer Support _____
Amount of Other Scholarships Awarded _____

Please submit an essay describing your educational and professional goals and how this scholarship will assist you in achieving such goals. (Please label as Attachment C.)

PART 6 - REFERENCES

(Proof must be provided supporting tuition, employer's reimbursement policy and enrollment in school

Please furnish three formal reference letters
(Please label as Attachment D.)

SIGNATURE _____ DATE _____