

**New Hampshire/Vermont Chapter of Healthcare Financial Management Association (HFMA)
Marianne Fairall Scholarship Program Application**

INSTRUCTIONS:

1. The applicant must be an immediate family member of a member of HFMA, currently have at least a cumulative 3.0 grade point average in high school, have been accepted by an accredited college or university and intend to major in a financial management related field.
2. A final transcript from the high school the applicant graduated from must be submitted with this application.
3. A recommendation from a high school faculty member must be submitted with this application.
4. Send this application, the official transcript and the letter of recommendation to (see address below).
5. The completed application and the supporting documents must be received by June 30th.
6. If you are approved, a member of the committee will contact you to validate that you have been accepted and plan to attend an accredited college or university.

1. Name _____ Email Address: _____
Street Address _____
City, State and Zip Code _____
S.S. Number _____

2. Relationship to HFMA Member: HFMA Member Name _____
HFMA Member's Member Number _____
Your relationship to the HFMA
Member (e.g., son, daughter, etc.) _____

3. High school you graduated from: _____

4. Cumulative Grade Point Average: _____
Class Standing _____

5. High school graduation date: _____

6. Which financial management related field are you planning on majoring in? If possible please provide a catalog description of the major if it is not readily apparent. _____

7. a) Please list the colleges and/or universities to which you have applied: _____

b) List the colleges and/or universities you have been accepted to attend: _____

8. List your extracurricular activities, honors and awards, as well as other organizations in which you hold membership: _____

9. List any work experience while attending high school (employer and position held): _____

10. Indicate (by short essay) what your career goal is and why you should be the recipient of an award from the New Hampshire/Vermont Chapter of HFMA.

I declare that all information reported on this application is true and correct to the best of my knowledge.

Date _____

Applicant's Signature _____

Return to: NH/VT HFMA Scholarship Committee
Attn: Jeffrey Walla
BerryDunn
1000 Elm Street, 15th Floor
Manchester, NH 03101

Member's Signature _____