



hfma[™] new hampshire-vermont chapter
healthcare financial management association

Continuing Education Scholarship Application

Name of Applicant: _____ HFMA Member #: _____

Address: _____

Telephone # Home: _____

Work: _____

1. Founders Award Points accumulated to date ___
2. Name of accredited college or university you will be attending:
3. Name of course to be covered by scholarship if you are awarded the scholarship (provide a copy of the course description from the course catalog as an attachment to this application):
4. Dates you will be attending the course:
5. What is the cost of the course you will be attending? (Provide documentation of the cost of the course, related fees and books as an attachment to this application.)
6. Indicate as an attachment a description of your financial need, the benefit you will receive by attending this course, your desire to further your education and anything else you feel is important to the Scholarship Committee and Board of Directors in evaluating your need for this scholarship. This essay must be limited to one typed page (double-spaced).

All applications must be received by July 15th for fall semester related courses and by November 15th for spring semester related courses prior to your attendance of the course in order to be considered for scholarship. You will be notified of the Board of Directors' decision within 60 days of the deadline for submission.

All scholarship awards are subject to the continued availability of scholarship funds in the Chapter Treasury.

The Chapter will only award a scholarship if the criteria have been met.

Date Submitted: _____

Signature: _____

Received by: _____

(Scholarship Committee Member)

Date Received: _____