

**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 _____

APPLICANT INFORMATION

PART 1 - PERSONAL DATA

Applicant Name _____

Address _____

Relationship to Member _____

College _____

Course (s) to be taken _____

Matriculated Student YES _____ NO _____

Degree/Program Pursued _____

Anticipated Graduation Date _____

Major _____ Annual Tuition _____

Amount of Employer Support _____

Amount of Other Scholarships Awarded _____

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

**Please return completed package no later than
April 1, 2010 to:**

PART 2 – EDUCATION BACKGROUND

Highest Level of Education Attained _____

School _____

GPA _____ Degree _____ Major _____

(Proof must be provided documenting Grade Point Average)

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

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

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

SIGNATURE _____ DATE _____

**Joe Dobosh, MBA
VP/CFO
Children's Specialized Hospital
150 New Providence Rd
Mountainside, NJ 07092-2590**