

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

MEMBER INFORMATION

Member 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 _____

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

SIGNATURE _____ DATE _____

**Please return completed package no later than
April 1, 2012 to:**

PART 2 – EDUCATION BACKGROUND

Highest Level of Education Attained _____
School _____

GPA _____ Degree _____ Major _____

(Documentation 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.)**

**Mary T. Taylor, MBA, FHFMA
Chair Nominating Committee, NJHFMA
Southern Ocean Medical Center
1140 Route 72 West
Manahawkin, NJ 08050-2412
ATTN: HFMA Scholarship**