March 16, 2020

Dear Student Member:

Enclosed please find the National Association of Health Services Executives (NAHSE) scholarship application. Scholarships are valued at $5,000 and have been developed by NAHSE to support and encourage African American students to pursue a career in healthcare management. Scholarship winners will also receive complimentary registration, lodging, and airfare to attend the 35th Annual NAHSE Educational Conference and to accept their award.

The following scholarships are awarded to graduate students attending accredited institutions to help defer tuition costs for the 2020-2021 academic year.

**The Haynes Rice Award:** The Haynes Rice Award is bestowed by NAHSE to outstanding graduate students who are striving to become future leaders in healthcare management and NAHSE.

**The Florence Gaynor Award:** The Florence Gaynor Award was established to recognize outstanding achievements among female graduate students who are striving to become future leaders in healthcare management and NAHSE.

**The Ellis Bonner Award:** The Ellis Bonner Award is a special category to recognize the distinguished leadership and academic achievement among non-traditional graduate students who are striving to become future leaders in healthcare management and NAHSE.

We realize that finances are often a barrier to completing academic programs; therefore, we hope students who are in financial need will be encouraged to apply for a scholarship. Scholarship checks for the students who are selected will be sent directly to the financial aid officer at the institution.

Students who wish to apply must mail their completed application by May 31st, 2020 to NAHSE Educational Assistance Program; 1050 Connecticut Avenue, NW, 5th Floor; Washington, DC 20036.

The application must include the following:

- Cover Letter
- Application Portfolio Checklist
- Scholarship Application Form
- Personal Statement
- Official College Transcripts
- Current Resume
- Three (3) Letters of Recommendation
- Personal Photo (3 x 5)
- NAHSE Student Membership Application and 2020 dues (All applicants must be a NAHSE member.)

The enclosed materials are for your use and dispersal to other interested students. If you need additional information, please contact NAHSEawards@gmail.com. Thank you for your interest in these scholarship opportunities and your continued support of NAHSE.

Sincerely,

Susan Burroughs & Maha Taylor
Co-Chairs, NAHSE Awards and Scholarship Committee
Eligibility Requirements

- Applicant must be an African American graduate student enrolled in an accredited college or university program, pursuing a Master or Doctorate Degree, and majoring in healthcare administration or a related field.

- Applicant must be matriculating during the 2020-2021 academic school year.

- Applicant must be able to demonstrate financial need.

- Applicant must have a minimum grade point average (GPA) of 3.0 on a scale of four (4.00).

- Applicant must be a NAHSE member
  - Applicants that are not already members must submit their NAHSE student membership application (available at www.nahse.org) and 2020 dues along with their scholarship application

Application Requirements

*Please submit one application portfolio and indicate your scholarship of interest (if any). Applicants will be considered for all applicable awards.*

- Cover Letter

- Application Portfolio Checklist

- Scholarship Application Form

- Personal Statement (up to 3 pages, double spaced, 10-12 point font, 1 inch margins)
  Please describe self, career goals, commitment and interest in health care management, and need for financial assistance.

- Official College Transcript(s) from all Institutions

- Current Resume

- Three (3) Letters of Recommendation (according to the enclosed directions)

- Personal Photo (3 x 5 head shot)

- NAHSE Student Membership Application and 2020 dues
NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES (NAHSE)
SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE

Mr./Mrs./Ms. ___________________________________________ Date: ______________

Last Name                           First Name                                M.I.

Permanent Address: _____________________________________________________________________

(Street)   (City)              (State)                  (Zip Code)

Home Phone: ___________________________    School Phone: ___________________________

Birth Date: ___________________________    Social Security # (will not be shared): ___________

Name and Address of Institution attending:
____________________________________________________________________________________

Classification in School (Degree/Level) ___________    Student Status: __Full Time __Part Time

Approximate yearly family income: ___________________________

Number of dependents in immediate family: ________________

Your present academic major or the major you intend to pursue (i.e., in health care administration):
____________________________________________________________________________________

Grade Point Average: ______

Community and extracurricular activities:

Certificates and Awards:

FINANCIAL DATA REQUIRED

FINANCIAL ASSISTANCE (Please specify amounts for the 2020-2021 academic year)

Scholarships (amount) ___________________________________________________________________

Loans (amount) _______________________________________________________________________

Work-study (amount) ____________________________________________________________________

Stipend (amount) ______________________________________________________________________

Are you currently working? YES NO

Yearly Tuition (amount) __________________________________________________________________

Monthly Expenses (amount) __________________________________________________________________

Are you currently working? YES NO

Yearly Tuition (amount) __________________________________________________________________

Monthly Expenses (amount) __________________________________________________________________

SIGNATURE OF APPLICANT ____________________________________________________________________

Please complete this application in full and return with required documents by May 31, 2020
Three (3) letters of recommendations should be received. 2 letters must come from an academic reference (official letterhead required) and at least 1 of these must be a faculty member in your major area of study. 1 letter must come from a non-academic reference (employer or community service). Recommendations from relatives of the applicant are not acceptable. Persons writing the letter of recommendation should include in their letter answers to the following questions:

1. What is your relationship to the applicant and how long have you known him or her?
2. Please indicate the specific reasons why you are recommending the applicant for the scholarship.
3. Do you think the applicant possesses leadership ability and in what ways have they displayed it?
4. Please describe in as much detail as possible the applicant’s strengths and weaknesses.
5. Please give an assessment of the applicant’s oral and written communication skills, and his or her ability to relate interpersonally with all levels of management.

Recommendation letters must be postmarked by May 31, 2020.
Please include the following items in your packet:

- Cover Letter
- Application Portfolio Checklist
- Scholarship Application Form
- Personal Statement
- Official College Transcript(s) from all Institutions
- Current Resume
- Three (3) Letters of Recommendation (according to the enclosed directions)
- Personal Photo (3 x 5 head shot)
- NAHSE Student Membership Application and 2020 dues (All applicants must be a NAHSE member)

All materials must be postmarked by May 31, 2020.

We recommend that you assemble all materials and send them in one packet to the NAHSE national office. If any materials need to be sent separately from your packet, please note them below and where or who they are being sent from:

Mail to: NAHSE Educational Assistance Program; 1050 Connecticut Avenue, NW, 5th Floor; Washington, DC 20036
Email: NAHSEawards@gmail.com