

## GENE GIORDANO SCHOLARSHIP AWARD GUIDELINES

PURPOSE: To encourage and stimulate continuing education of members and their respective Families.

To assist members with tuition fees for continuing education that is related to Financial Management that enables upward mobility in Health Care.

ELIGIBILITY: Eligibility for scholarship monies is limited to members in good standing, spouses and dependent children. Definition is as follows:

- A. Member – Eligible members are members who have been a paid Member of the Maryland Chapter for the past three (3) consecutive years.
- B. Spouse – Eligible spouse is defined as a spouse of a member in good Standing whom meets the above criteria.
- C. Dependent – Eligible dependent is defined as a dependent student under the age of 22 of an eligible member who meets the criteria above.

All individuals making application for scholarship monies must be currently attending or seeking application for attendance to an accredited college or university.

TIMING: Application may be made once within a calendar year.

SELECTION COMMITTEE: Composed of the Carlton Bennett Committee.

Your application will not be considered unless you attach to it an explanation of the course you are enrolling in, the name and address of the college or university and it's location, the cost of the course/courses and the date of commencement and date of completion.

Additionally, you must also attach a brief dissertation on how you perceive your selection of courses enhancing your future career in health care financial management and how it will further your own self improvement process.

CONDITIONS:

- A. Must be an accredited course and institution.
- B. Agreement of intent shall be signed by the recipient and member to indicate they will Reimburse to the Maryland Chapter of the AAHAM if they:
  - 1. Fail to pass the course.
  - 2. Fail to complete the course.

PLEASE MAIL ALL APPLICATIONS TO:

FRANK CALLENDER, CPAM  
66 Dendron Court  
Parkville, MD. 21234

### **COMPETITION GUIDELINES FOR APPLICANTS:**

A formal letter shall be addressed to the scholarship committee that includes the following information:

- A. Course selection
- B. College or university to include name, address and location
- C. Cost of course/courses and any employer contributions
- D. A brief dissertation on how the applicant perceives their selection of the course/courses will enhance their future career in health care financial management and how it will further their own self improvement process.
- E. The letter is to be typed.

### **JUDGING OF ENTRIES:**

- A. Content – Includes composition, completeness of thought and applicability of course selection to the stated purpose of the scholarship.
- B. Grammar – Includes spelling, punctuation and the proper use of words.
- C. Legibility – Must be typed legibly.
- D. Must be submitted on 8 ½ “ x 11” sheet of paper.

THE GENE GIORDANO SCHOLARSHIP AWARD FUND APPLICATION FOR TUITION FORM

The Gene Giordano Scholarship Award Fund was established in honor of one of the Maryland Chapter's founding members. It was established to encourage and stimulate continuing education for chapter members and their respective families.

To be eligible, you must have been a member in good standing for three (3) consecutive years or be a spouse or dependent of a member meeting the "member in good standing" criteria.

Please answer the following questions:

MEMBER APPLICANT

Are you now a member of the Maryland Chapter? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been a paid member for the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_

SPOUSE/DEPENDENT APPLICANT

Who is the sponsoring member? \_\_\_\_\_

Is that person presently a paid member of the Maryland Chapter? Yes \_\_\_\_\_ No \_\_\_\_\_

Has he/she been a member in good standing for the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered all the questions above yes, you are eligible to make application for the scholarship.

STUDENT/APPLICANT INFORMATION

SSN: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMPLOYER (IF SPOUSE OR DEPENDENT, THE MEMBER'S EMPLOYER):

\_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER'S PHONE #: \_\_\_\_\_

IMMEDIATE SUPERVISOR'S NAME: \_\_\_\_\_