Policy Title:	Gloria Adams Memorial Scholarship Fund	**Adopted Date:**	5-11-2005
Policy Category:	Operational	**Review Date:**	7-17-2020
Policy Number:		**Amended Date:**	5-22-2012 7-17-2020

Purpose:

To outline the objectives and administration of the Chapter Scholarship Fund

Policy:

The Tennessee Chapter of HFMA (TN HFMA) will support and encourage the career development of Tennessee Chapter members. This fund is also available for Tennessee Chapter members' children and grandchildren pursuing healthcare related degrees.

Procedure:

1. Administration of Scholarship Funds
   - The TN HFMA Scholarship Fund will be maintained by the HFMA Association, and will be in a 501(c) 3 classification. Contributions and donations should be made payable to the TN HFMA Educational Foundation, with gifts noted for the Gloria Adams Scholarship Fund. These contributions and donations will be deposited in the Scholarship Fund. If requested, a charitable deduction letter will be sent to the donor from the TN HFMA Treasurer.
   - The Treasurer will provide an update annually as to the funds available each year to the Board.
   - The Treasurer will maintain documentation as to who the fund is distributed to each fiscal year.

2. Qualifications

An applicant may be a member of TN HFMA Chapter or the child or grandchild of a member of TN HFMA pursuing a healthcare degree. If the scholarship applicant is a family member of an TN HFMA member, the member should attach a letter of introduction and recommendation of the candidate.

3. Approval

Requests for funds will be reviewed and approved by the Board for final award approval. The number and/or amount of scholarship funds may vary by fiscal year. The board will approve the number of scholarships and/or dollars to be distributed from the scholarship fund each fiscal year.

4. Distribution of scholarship award

Upon receipt of documentation supporting funding for an award, a request will be sent to the Association requesting the amount to be sent directly to the recipient or TN HFMA Chapter (example: Depending on provider Institute funding vs. college student education funding).

5. Funding

All revenues from fundraising will be deposited to the Scholarship Fund account. Special fund raising or sponsorships may be put in place at any time to further support the Scholarship Fund. Additional donations to the Fund may be made at the discretion of the Board of Directors.

Attachments:

- Scholarship Application Form
- Donation Form

Application

Date: ___
Applicant Name:_____
Address:_____City: State:_____Zip:_____
Referring HFMA Member Name:_____
College Attending (if applicable):_____GPA: _____
_____ College Location:_____
Major Area of Study:_____
Parent/Guardian Information
Name: _____Relationship:_____
Employer : How Long:_____
Employer Address: _____
Employer Phone: _____ Job Title: _____
Name: Relationship:
Employer: Long:_____
How
Employer Address:_____
Employer Phone:_____Job Title:
_____ Extra Curricular Activities:
_____
_____
_____
_____
_____
_____
_____

$ Amount Requested _____

After completing this form, return this application along with a letter stating future career goals and the reason for your request to:

(Insert the name and email address or mailing address of Scholarship Committee contact here}

Gloria Adams Memorial Scholarship Fund Donation Form

Date: _____
Donor Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Affiliated HFMA Member Name: _____
HFMA Member Number: _____
Employer: How Long: _____
Employer Address: _____
Employer Phone: Job Title: _____
Method of Payment:
Note checks should be made payable to: Tennessee HFMA Scholarship Fund
$_____ Cash $_____ Check No. ___
If using a credit card complete this information:
Visa Master Card American Express
Credit Card #: _____
Card Holders Name: _____ Zip Code: _____
Expiration Date: _____
Signature: _____

After completing this form return with payment to:
TNHFMA Scholarship Fund in care of:

(Insert the name and email address or mailing address of Scholarship Committee contact here)