

**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
and/or books, employer's reimbursement policy
and enrollment in school.)**
(Please label as Attachment D.)

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 organizations. **(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

SIGNATURE _____ DATE _____

Please return completed package no later than
March 15, 2025 to:

Heather Stanisci at NJHFMA@aol.com or mail to:
Chair Scholarship Committee, NJHFMA
Healthcare Financial Mgmt. Assoc. - NJ Chapter
PO Box 6422
Bridgewater, NJ 08807