



## *Albert W. Dent* Graduate Student Scholarship Checklist

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Please complete this checklist and the application and mail to the American College of Healthcare Executives. Between the Dent and McGaw scholarships, ACHE awards up to 20 each year.

*(Type or print neatly in ink.)*

### Contact Information

Name: \_\_\_\_\_ ACHE ID Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

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**Materials to submit (must be postmarked by March 30, 2012)**—We recommend you assemble all materials into one packet and mail to ACHE. If an attachment is mailed separately, please ensure it is labeled correctly and we receive it by the postmark deadline.

	Attached	Will send separately
Completed scholarship checklist	<input type="checkbox"/>	<input type="checkbox"/>
Completed scholarship application	<input type="checkbox"/>	<input type="checkbox"/>
Current curriculum vitae or resume	<input type="checkbox"/>	<input type="checkbox"/>
Official undergraduate transcript	<input type="checkbox"/>	<input type="checkbox"/>
Official graduate transcript	<input type="checkbox"/>	<input type="checkbox"/>
Letter of recommendation # 1 (Program Director)	<input type="checkbox"/>	<input type="checkbox"/>
Letter of recommendation # 2	<input type="checkbox"/>	<input type="checkbox"/>
Letter of recommendation # 3	<input type="checkbox"/>	<input type="checkbox"/>
One- to two-page typed essay	<input type="checkbox"/>	<input type="checkbox"/>

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**For those students completing residencies: If you have already completed your classroom work and are in the residency part of your program, you are not eligible to apply.**

**Incomplete applications will not be considered. Please mail your completed checklist, application and accompanying materials to:**

Albert W. Dent Graduate Student Scholarship  
Foundation of the American College of Healthcare Executives  
Attention: Alicia Borsa, Scholarship Committee  
1 N. Franklin Street, Suite 1700  
Chicago, Illinois 60606-3529

**All materials, including recommendations, must be postmarked no later than March 30, 2012, to be eligible.** Award recipients will be notified no later than July 31, 2012. If you have any questions, please call ACHE's Customer Service Center at (312) 424-9400.

# Albert W. Dent Graduate Student Scholarship Application

This scholarship provides financial aid to **minority students** in healthcare management graduate programs to help offset tuition costs, student loans and expenses. Between the Dent and McGaw scholarships, ACHE awards up to 20 scholarships each year. You must be a **minority**, a Student Associate of ACHE, a U.S. or Canadian citizen and a full-time student entering your final year of a healthcare management graduate program to be eligible. If you are not currently a Student Associate, please visit [ache.org/Students](http://ache.org/Students) to find membership requirements and to apply online.

**Please complete this entire application and return it with your checklist and the following materials: current curriculum vitae or resume, official undergraduate and graduate transcripts, three letters of recommendation and your essay.**

*(Please type or print in ink.)*

## A Personal Information

### • Name:

FIRST MIDDLE LAST SUFFIX

ACHE STUDENT ASSOCIATE ID NUMBER (found on your *Healthcare Executive* mailing label)

E-MAIL

SOCIAL SECURITY NUMBER

### • Current Mailing Address:

PHONE NUMBER

STREET CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

### • Permanent Mailing Address:

(if different from above)

PHONE NUMBER

STREET CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

**If you are selected as a winner, which address do you prefer we use to notify you in July?**

Current Mailing Address  Permanent Mailing Address

### • Race or Ethnic Group: (as defined by the EEOC)

- Black or African American (non-Latino)  Latino  
 Asian (non-Latino)  American Indian or Alaska Native (non-Latino)  
 Two or More of These Races (non-Latino)  Native Hawaiian or Other Pacific Islander (non-Latino)

• **Citizenship:**  United States  Canada

## B Education Information

NAME OF GRADUATE UNIVERSITY NAME OF UNDERGRADUATE UNIVERSITY

CURRENT GRADUATE GPA UNDERGRADUATE GPA

### • Graduate Degree/Program: (please check one)

- Master's in Healthcare Administration  Master's in Health Services Administration  
 MHA in Health Systems Management (Administration)  MBA in Healthcare Administration  
 Master's of Public Health in Health Policy and Administration  Master's in Health Policy and Management  
 Other \_\_\_\_\_

### • Estimated Graduation Date: (final year of classroom work) (please check one)

- Sept. 2012  Oct. 2012  Nov. 2012  Dec. 2012  Jan. 2013  Feb. 2013  March 2013  
 April 2013  May 2013  June 2013  July 2013  Aug. 2013

**How did you first learn about the Albert W. Dent Graduate Student Scholarship?**

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**C References**

Letters of recommendation must be from your university program director and the two professional colleagues or instructors whom you have listed below. Be sure to select individuals who are acquainted with your abilities and performance.

**Program Director:**

1. \_\_\_\_\_  
NAME TITLE  
\_\_\_\_\_  
ORGANIZATION UNIVERSITY PHONE  
\_\_\_\_\_  
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

**Professional Colleagues/Instructors:**

2. \_\_\_\_\_  
NAME TITLE  
\_\_\_\_\_  
ORGANIZATION BUSINESS PHONE  
\_\_\_\_\_  
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

3. \_\_\_\_\_  
NAME TITLE  
\_\_\_\_\_  
ORGANIZATION BUSINESS PHONE  
\_\_\_\_\_  
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

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**D Annual Financial Information**

ACHE evaluates financial need based on the applicant's ability to monetarily contribute to his or her education. The dollar amount recorded on each line should be representative of the 2012–2013 academic year. **If you are married, report your spouse's assets, income and expenses as well.**

Please provide the following information when applicable. If there is additional information that you would like to provide, use a separate sheet of paper.

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Please indicate your number of dependents, including yourself: \_\_\_\_\_

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**Assets**

As of today, what is your (and your spouse's) total current balance of cash, checking and savings accounts? \$ \_\_\_\_\_

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**Revenue**

1. What is your (and your spouse's) annual take-home income? \$ \_\_\_\_\_

2. If you (or your spouse) receive taxable earnings from federal work-study or other need-based work programs, what amount will you receive during the 2012–2013 academic year? \$ \_\_\_\_\_

3. If you (or your spouse) receive student grants, scholarships and/or fellowship aid, what amount will you receive during the 2012–2013 academic year? \$ \_\_\_\_\_

Please itemize below and place the total on the line provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If you (or your spouse) receive veterans education benefits, what amount will you receive during the 2012–2013 academic year? \$ \_\_\_\_\_

5. If you (or your spouse) receive other sources of assistance (e.g., parent contributions), what amount will you receive during the 2012–2013 academic year? \$ \_\_\_\_\_

**Total Revenue (add lines 1–5)** \$ \_\_\_\_\_

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**Expenses**

1. Rent/mortgage (annual) \$ \_\_\_\_\_

2. Tuition, fees and books (annual) \$ \_\_\_\_\_

3. Other annual expenses (e.g., car loan payments, utilities, groceries, etc.) \$ \_\_\_\_\_  
Please itemize below and place the total on the line provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Expenses (add lines 1–3)** \$ \_\_\_\_\_

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**Total Outstanding Loan Obligations**

As of today, what are your (and your spouse's) total loan obligations? \$ \_\_\_\_\_

Please itemize below and place the total on the line provided.

School-related: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

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**E Essay**

Please provide a one- to two-page double-spaced typed essay describing your leadership abilities and experiences, your community/volunteer involvement and your goals as a future healthcare executive. In addition, explain how this scholarship can help you achieve your career goals.

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**F Statement of Integrity**

I hereby acknowledge that all of the information given in this application is true.

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SIGNATURE

DATE

*Albert W. Dent*