



Foster G. McGaw Graduate Student Scholarship Checklist

Please complete this checklist and the application and mail to the American College of Healthcare Executives. Between the McGaw and Dent 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: _____

Materials to submit (must be postmarked by March 31, 2010)—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"/>

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:

Foster G. McGaw Graduate Student Scholarship
Foundation of the American College of Healthcare Executives
Attention: Mike Chynoweth, Scholarship Committee
1 N. Franklin Street, Suite 1700
Chicago, Illinois 60606-3529

All materials, including recommendations, must be postmarked no later than March 31, 2010, to be eligible. Award recipients will be notified no later than July 31, 2010. If you have any questions, please call ACHE's Customer Service Center at (312) 424-9400.

Foster G. McGaw Graduate Student Scholarship Application

This scholarship provides financial aid to students in healthcare management graduate programs to help offset tuition costs, student loans and expenses. Between the McGaw and Dent scholarships, ACHE awards up to 20 scholarships each year. You must be 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 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) Optional. For data purposes only.

- Black or African American (not Hispanic or Latino/a) Hispanic or Latino/a
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino/a)
- White/Caucasian (not Hispanic or Latino/a) American Indian or Alaska Native (not Hispanic or Latino/a)
- Two or More of These Races (not Hispanic or Latino/a) Asian (not Hispanic or Latino/a)

• 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. 2010 Oct. 2010 Nov. 2010 Dec. 2010 Jan. 2011 Feb. 2011 March 2011
- April 2011 May 2011 June 2011 July 2011 August 2011 Other _____

How did you first learn about the Foster G. McGaw Graduate Student Scholarship?

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

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 2010–2011 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.

Please indicate your number of dependents, including yourself: _____

Assets

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

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 2010–2011 academic year? \$ _____

3. If you (or your spouse) receive student grants, scholarships and/or fellowship aid, what amount will you receive during the 2010–2011 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 2010–2011 academic year? \$ _____

5. If you (or your spouse) receive other sources of assistance (e.g., parent contributions), what amount will you receive during the 2010–2011 academic year? \$ _____

Total Revenue (add lines 1–5) \$ _____

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) \$ _____

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: _____

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.

F Statement of Integrity

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

SIGNATURE

DATE

Foster G. McGaw