

# ASHRM ACADEMY

April 23-26, 2018 • New Orleans

## ASHRM 2018 Scholarship Application

ASHRM is dedicated to supporting the professional and scholastic development of current and prospective risk management and patient safety professionals. The ASHRM Educational Scholarship Program offers financial support for attendance at the ASHRM Academy.

Please read the below guidelines before submitting your application.

1. Scholarships are only available to ASHRM members in good standing, and who have maintained membership for at least one year prior to submitting application materials for scholarship.
2. All applicants must submit a complete application and letter of recommendation
3. First priority will be given to first time applicants.
4. Funding is limited. All decisions regarding an applicant's approval or denial of a scholarship are made at the discretion of the ASHRM Educational Scholarship Task Force and the ASHRM Board of Directors and are considered final.
5. Scholarship covers conference registration only (travel and lodging not included).
6. All applications must be submitted by Friday, February 23, 2018.

### Applicant Criteria:

1. All applicants must be currently employed at the professional level in the risk management, risk insurance, risk finance, healthcare law, or patient safety management profession; or must be able to articulate that a career change to the field of risk management/patient safety is a desired professional goal.
2. Scholarships are considered for applicants demonstrating insufficient sources of funding to cover the full cost of the course or program.
3. Ability to demonstrate how newly learned techniques will be applied to improve the organization's overall risk management/patient safety program.
4. Documentation of current involvement in ASHRM activities (i.e. local chapters, committees/task forces, Journal of Healthcare Risk Management), or description of interest in involvement will be considered.

All applications must be received by ASHRM by Friday, February 23, 2018

To become an ASHRM member, visit [www.ashrm.org/membership](http://www.ashrm.org/membership), send email to [ashrm@aha.org](mailto:ashrm@aha.org), or call (312) 422-3980.

Return this completed form with the letter from your CEO or supervisor and the additional page of your responses to ASHRM via fax at 312-278-0756 or email at [ashrm@aha.org](mailto:ashrm@aha.org).

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## ASHRM Scholarship Application Form

### Contact Information

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Applicant's Name

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Membership # (Required)

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Title

Organization

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Address

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City

State/Province

ZIP/Postal Code

Country

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Phone

Fax

Email

### Required Application Documentation

All applicants must complete the below narrative, that includes the following:

1. Description of how newly learned methods and skills will be applied to improve the organization's overall management/patient safety program.
2. Individual scholastic experience, activities, and accomplishments
3. Documentation of current involvement in ASHRM activities, or description of interest in involvement.
4. How will you share what you learn at the ASHRM Academy with your colleagues?
5. Resume or CV that details work/scholastic experience related to risk management and/or patient safety
6. [Letter of recommendation](#) from current employee. Download Template

### QUESTIONS

1. How long have you been a member of ASHRM?
2. Are you a new member (check one)?  Yes  No
3. Are you a first-time conference attendee (check one)?  Yes  No

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1. Description of how newly learned methods and skills will be applied to improve the organization's overall management/patient safety program.

2. Individual scholastic experience, activities, and accomplishments

3. Documentation of current involvement in ASHRM activities, or description of interest in involvement.

4. How will you share what you learn at the ASHRM Academy with your colleagues?

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## Scholarship Checklist

Completed Scholarship Application Form

Submitted a resume or CV that details work/scholastic experience related to risk management and/or patient safety with the scholarship application.

Submitted [Letter of Recommendation from](#) current employee