

ASHRM 2018 Annual Conference 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 Annual Conference.

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 and are considered final.
- 5. Scholarship covers conference registration only (travel and lodging not included).
- 6. All applications must be submitted by Friday, June 1, 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, June 1, 2018

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



ASHRM Scholarship Application Form

Contact Information

Applicant's Name			
Membership # (Required)			
Title	Organization		
Address			
City	State/Province	ZIP/Postal Code	Country
Phone	Fax	Email	
1. Description of how new overall management/p 2. Individual scholastic ex 3. Documentation of curre	ete the below narrative, that include whether the below narrative, that include whether the safety program. In perience, activities, and accompant involvement in ASHRM activities at you learn at the ASHRM Annual safety.	ill be applied to improve the plishments ies, or description of interes	st in involvement.
,	ails work/scholastic experience i	,	· ·
6. Letter of recommendati	on from current employee. Dowr	nload Template	
QUESTIONS 1. How long have you be 2. Are you a new membe 3. Are you a first-time cor		No Yes No	
• •	eceived by ASHRM by Friday, Ju ember, visit www.ashrm.org/men		nrm@aha.org, or

Return this completed form with the letter from your CEO or supervisor and the additional page of your responses to ASHRM via email at ashrm@aha.org.



ASHRM Scholarship Application Form

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		
2. December 1. State of the control		
3. Documentation of current involvement in ASHRM activities, or description of interest in involvement.		
3. Documentation of current involvement in ASHKM activities, or description of interest in involvement.		
3. Documentation of current involvement in ASHKM activities, or description of interest in involvement.		
3. Documentation of current involvement in ASHKM activities, or description of interest in involvement.		
3. Documentation of current involvement in ASHKM activities, or description of interest in involvement.		
3. Documentation of current involvement in ASHKM activities, or description of interest in involvement.		
4. How will you share what you learn at the ASHRM Annual Conference with your colleagues?		



5. Have you attended any previous ASHRM events? Which ones?
6. Describe your financial need for this scholarship.
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