



AMERICAN
SOCIETY FOR
HEALTH CARE
RISK
MANAGEMENT

ASHRM Fay Rozovsky Scholarship Program & 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 all ASHRM Education events.

Please read the below guidelines before submitting your application.

1. Scholarships are only available to ASHRM members in good standing.
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 education registration only (travel and lodging not included).
6. All applications must be submitted by 2pm CT on Thursday, February 4, 2021.

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 2pm CT on Thursday, February 4, 2021.

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



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ASHRM Scholarship Application Form

Contact Information

Applicant's Name

Membership # (Required)

Title

Organization

Address

City

State/Province

ZIP/Postal Code

Country

Phone

Email

ASHRM Educational Programs

Please select the program(s) that you are interested in applying for:

ASHRM Academy - Atlanta, GA April 19-22, 2021

ASHRM Express - Chicago, IL, Summer 2021

ASHRM Pre-Conference - San Antonio, TX, October 8-9, 2021

ASHRM Annual Conference - San Antonio, TX or Virtual, October 10-13, 2021

If you have selected more than one program, please rank the programs below with 1 being most interested and 4 being least interested in attending.

Academy

Express

Pre-Conference

Annual Conference

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 attendee at an ASHRM event?

Yes

No

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Required Application Documentation

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

1. Complete questions 1-6 on the ASHRM Scholarship Application form below.
2. Resume or CV that details work/scholastic experience related to risk management and/or patient safety
3. Letter of recommendation from current employee. [Download Template](#)

ASHRM Scholarship Application Form

1. Description of how newly learned methods and skills will be applied to improve the organization's overall risk 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.



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4. How will you share what you learn at the event 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](#)

[Submit Application & Materials to ASHRM@aha.org](mailto:ASHRM@aha.org)