



Illinois Chapter SCHOLARSHIP PROGRAM

1. Purpose - To provide educational scholarships to individual Illinois AAHAM members and their children or grandchildren.
2. Eligibility - Any person who has been an Illinois AAHAM member for at least one year and has paid their current dues by March 31st of the year in which application is made. If a member's child or grandchild is applying, the above eligibility criteria apply to the parent or grandparent.
3. Application - Formal application to the Illinois AAHAM Scholarship Chair by May 31st.
4. Selection - Applications that meet the established criteria will be considered by a review and selection committee comprised of the two immediate past Chairmen of the Board and the current Scholarship Committee Chair.
5. Awards - Scholarships will be awarded (as funds permit) in August as follows: (ONE YEAR AWARDS)
 - A. Illinois AAHAM member: \$1000.00 maximum.
 - B. Child / Grandchild of Illinois AAHAM member: \$500.00 maximum each for no more than 2 awards annually.

Illinois AAHAM SCHOLARSHIP AWARD Protocol:

1. Background
2. Awards
3. Funding
4. Protocol
5. Application Forms
6. Transmittal, Confirmation, and Award Letters

BACKGROUND

It has always been the intent and desire of Illinois AAHAM to promote the advancement of the patient account management profession and the individual growth of its members through ongoing education programs.

Over the years, Illinois AAHAM has been very proud of the refinement of and general acceptance by the health care industry of the National AAHAM Certification Program (CPAM, CCAM).

Considering this evidence, coupled with the development of an Illinois AAHAM education fund made available via contributions from individual members, the pursuit of Illinois AAHAM's sponsored educational sessions and at the request of the Illinois AAHAM Board of Directors, it seems only fitting that we take the next step as many organizations have done and establish the Illinois AAHAM Scholarship Fund.

At the January 2007 Board meeting it was the unanimous vote of the Board to adopt the concept of an Illinois AAHAM Scholarship Fund and to charge the Scholarship committee with the responsibility to develop detailed information for implementation of such a program.

The information presented here serves as the protocol for the Illinois AAHAM Scholarship Fund. It will be refined on an ongoing basis, as needed, to maintain and enhance the quality and effectiveness of the program.

AWARDS

The Illinois AAHAM Scholarship Program provides for two classifications of awards. The primary emphasis is towards a member who makes application and qualifies. Consideration would be given to an application submitted by a child or grandchild of a member. The classification of awards is as follows:

1) Member Scholarship Award:

* Applicant must have been a member of National AAHAM and of Illinois AAHAM for at least one year and be a current member as of March 31 of the application year.

* Maximum Amount of award is \$1,000.00 which shall be less than or equal to the cost of tuition and related expenses.

No more than one (1) award shall be given per year for this program.

2) Child / Grandchild of a Member Scholarship Award:

* Applicant must be a child or grandchild of a current Illinois and National AAHAM member who has been an Illinois and National member for at least one year.

* Maximum amount of award is \$500.00 which shall be less than or equal to the cost of tuition and related educational expenses.

No more than two (2) awards shall be given per year for this program.

FUNDING

Initial Funding of the Trust

In January 2007, the Illinois AAHAM Board of Directors earmarked \$2,200.00 for the Illinois AAHAM Scholarship Fund. The Fund was established and earmarked as The Illinois AAHAM Scholarship Fund. The Fund will be maintained at the bank currently used by Illinois AAHAM.

Current and Future Funding

Funding shall come annually from 80% of the local dues paid by all Illinois AAHAM members. The amount of the member dues is set by the Board of Directors and can change the amount of the scholarship program. This amount shall be reviewed any time the Board makes a change in the amount of local member dues paid or as needed.

PROTOCOL

Application requirements and procedure:

Member applicant:

- 1) The applicant must be a current (paid) Illinois AAHAM and National AAHAM member on March 31st of the year in which application for scholarship is made.
- 2) The applicant must have been an (paid) Illinois AAHAM and National AAHAM member for at least one year prior to the application deadline of May 31.
- 3) A completed and typed application form, including all attachments specified in the application, must be submitted to Illinois AAHAM's Scholarship Chair by May 31. Applications, which are postmarked no later than May 31, shall be accepted for consideration.
- 4) The applicant must also submit, by May 31, a written statement (no more than one page) giving evidence of financial need, including a list of all other sources of financial aid such as scholarships, and a letter of acceptance from the educational institution or a statement from the registrar indicating enrollment.

Child / Grandchild of Member applicant:

- 1) Applicant's parent or grandparent (AAHAM member) must fulfill the requirements, specified in sections A-1 and A-2 above.
- 2) A completed application form must be submitted as specified in section A-3 above.
- 3) The applicant must also submit, by May 31 the following:
 - a) A written statement (no more than one page) giving evidence of financial need, including a list of other sources of financial aid such as scholarships;
 - b) A letter of acceptance from the educational institution or a statement from the registrar-indicating enrollment;
 - c) An official transcript of grades and credits earned.

Selection

A) Criteria

- 1) Preference will be given to applicants enrolled in studies leading to a certificate or degree in health care or an associated field.
- 2) Selection will also be based on a review of the application and supporting documents, and the evidence of financial need.
- 3) No preference should be accorded an applicant by reason of the applicant's employment position, job title or length of employment.

B) Applications will be screened by AAHAM's Scholarship Chair. Those applications, which meet the requirements specified in section 1, will be forwarded to the review and selection committee by June 30.

C) The review and selection committee will review the accepted applications and select the award recipients. This selection shall take place on or about August 15.

D) Award recipients will be notified on or about August 15. Awards will be presented on or about August 30.

ILLINOIS AAHAM MEMBER - SCHOLARSHIP APPLICATION
(Please print legibly or type)

Name of Applicant:

Home Address:

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ (Home) (_____) _____ (Work)

Chapter Affiliation: _____

Continuous Member Since: _____

Date of Birth: ____/____/____ Marital Status: _____ # of Dependents: _____

What is your occupational title? _____

Employer Name

Address: _____

City: _____ State: _____ Zip: _____

How long have you been employed in your present position? _____

How long have you been employed in the health care field? _____

What professional certificates or permanent civil classification do you now hold?

EDUCATIONAL AND PROFESSIONAL TRAINING - List below, in chronological order, the name(s) of the institution(s) and address (es) for all undergraduate and graduate work. School Dates (years) Degree/Year or credit hours earned beyond BA/BS, and area of study

(Continued)

Member Application – Page 2

PROFESSIONAL ACTIVITIES AND AWARDS

Please list, on a separate sheet, your professional achievements, honors and activities. Include memberships in professional organization, offices held, papers published, committee memberships, convention program participation, etc.

COMMUNITY AND CIVIC ACTIVITIES

Describe, on a separate sheet, your participation in community and civic affairs. Included membership offices held, honors, etc.

AIMS AND GOALS

Outline in approximately 500 words, on a separate sheet of paper, why you desire this scholarship. Include a discussion of your aims and goals relative to your employment in patient account management.

ADDENDUM

Include on a separate sheet any additional comments, which may distinguish your application from those of other applicants. This is not a required part of the application, but is for your use, if desired, in adding anything you feel would aid acceptance of your application.

FINANCIAL NEED

Please submit a one-page, double-spaced statement giving evidence of financial need. Demonstration of financial need may be considered in selecting recipients of the scholarship award. Include a listing of all other sources of financial aid such as scholarships.

I hereby certify that all answers to these questions and all statements in the application are true. I agree and understand that any misstatements of material facts contained in this application may cause forfeiture upon my part of all rights to any scholarship sought hereunder.

I further certify and agree that in the event I do not complete my course of study, I will reimburse ILLINOIS AAHAM a pro-rated percentage of the scholarship award based on the date of termination from the secondary educational facility.

AAHAM Member Signature _____ Date _____

****APPLICATION MUST BE POSTMARKED NO LATER THAN MAY 31ST****

Return Application to:

**Chris Bryant
Illinois AAHAM Scholarship Chair
C/o Dr. John Warner Hospital
422 West White
Clinton, IL 61727**

**ILLINOIS AAHAM SCHOLARSHIP APPLICATION
FOR MEMBER'S CHILD / GRANDCHILD
(Please print legibly or type)**

Name of Applicant:

Permanent Address:

City: _____ State: _____ Zip: _____

Tel: (_____) _____ Birth date: __/__/__

Name of AAHAM Member

(Parent/Grandparent): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Tel: (_____) _____ (Home) (_____) _____
(Work)

Chapter Affiliation: _____ Relationship to Applicant: _____

Applicant's expected year in college during next academic year: (*check one*)

- 1st (Freshman) First year of graduate or professional school
 2nd (Sophomore) (beyond a Bachelor's degree)
 3rd (Junior)
 4th (Senior) Continuing graduate or professional education
 5th (undergraduate)

Expected college degree or certificate: _____

Expected date of completion: Month _____ Year _____

For what academic period does the student want financial assistance? (*Check all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Full academic year 20_____ | <input type="checkbox"/> Spring term, year 20_____ |
| <input type="checkbox"/> Fall term, year 20_____ | <input type="checkbox"/> Summer term, year 20_____ |
| <input type="checkbox"/> Winter term, year 20_____ | |

(Continued)

Child / Grandchild Application - Page 2

PROFESSIONAL ACTIVITIES AND AWARDS

Please list, on a separate sheet, your professional achievements, honors and activities. Include memberships in professional organization, offices held, papers published, committee memberships, convention program participation, etc.

COMMUNITY AND CIVIC ACTIVITIES

Describe, on a separate sheet, your participation in community and civic affairs. Included membership offices held, honors, etc.

AIMS AND GOALS

Outline in approximately 500 words, on a separate sheet of paper, why you desire this scholarship. Include a discussion of your aims and goals relative to your employment in patient account management.

ADDENDUM

Include on a separate sheet any additional comments, which may distinguish your application from those of other applicants. This is not a required part of the application, but is for your use, if desired, in adding anything you feel would aid acceptance of your application.

FINANCIAL NEED

Please submit a one-page, double-spaced statement giving evidence of financial need. Demonstration of financial need may be considered in selecting recipients of the scholarship award. Include a listing of all other sources of financial aid such as scholarships.

PLEASE NOTE:

- * An official transcript of grades must accompany this application.
 - * A letter of acceptance from the school or a statement from the registrar that the applicant is enrolled must accompany this application.
 - * The applicant must submit a one-page, double-spaced statement giving evidence of financial need, including a list of all other sources of financial aid such as scholarships. Demonstration of financial need may be considered in selecting recipients of the scholarship award.
 - * Non-completion of the course of study by the applicant will result in a percentage reimbursement based on the date of termination from the secondary educational facility.
- "Completion" of the course of study shall be defined as completion with a passing grade.

I hereby certify that all answers to these questions and all statements on this application are true. I agree and understand that any misstatements of material facts contained in this application may cause forfeiture upon my part of all rights to any scholarship sought hereunder.

I further certify and agree that in the event I do not complete my course of study, I will reimburse ILLINOIS AAHAM a pro-rated percentage of the scholarship award based on the date of termination from the secondary educational facility.

Applicant's Signature _____ Date_____

AAHAM Member's Signature _____ Date_____

****APPLICATION MUST BE POSTMARKED NO LATER THAN MAY 31ST****

Return Application to:

**Chris Bryant
Illinois AAHAM Scholarship Chair
C/o Dr. John Warner Hospital
422 West White
Clinton, IL 61727**