



## 2019 SHSMD Connections Scholarship Program | Application Form

### Recommendation Letter, Contact Information and Professional Profile

**Submission Deadline: May 30, 2019**

**It is recommended that this downloadable form be used to conduct any pre-work before completing the below application form. A thank-you page stating "APPLICATION RECEIVED" will serve as confirmation that your application has been received.**

**\* 1. Letter of Recommendation from Employer | Manager, Department Head or CEO  
(If unemployed, from Professional Reference)**

Must include signature and statements attesting to applicant's (1) relevant work experience and responsibilities, (2) need for professional development and (3) financial need (if unemployed, financial need statement may be omitted)

Choose File

No file chosen

**\* 2. Applicant Contact Information**

Name

Title

Organization

City

State

-- select state --

Email Address

Phone Number

**\* 3. Organization Type:**

- |   |   |   |
|---|---|---|
| <input type="radio"/> Hospital                | <input type="radio"/> Long-term-care center           | <input type="radio"/> Association       |
| <input type="radio"/> Health system           | <input type="radio"/> Skilled nursing facility        | <input type="radio"/> Consulting firm   |
| <input type="radio"/> Academic medical center | <input type="radio"/> Subacute care or rehab facility | <input type="radio"/> Vendor            |
| <input type="radio"/> Rural hospital          | <input type="radio"/> Physician group                 | <input type="radio"/> <i>Unemployed</i> |
| <input type="radio"/> Children's hospital     | <input type="radio"/> Other healthcare provider       |   |
| <input type="radio"/> Ambulatory care center  | <input type="radio"/> Academia                        |   |

Other (please specify)

**4. Prior Employers**

(Include dates of employment for each, e.g., YYYY-YYYY)

1

2

3

**5. Total Years in Healthcare**

**\* 6. What has been your most meaningful professional achievement?**

(Up to 300 words)

\* 7. What are your professional goals for the next three to five years?

(Up to 300 words)



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### SHSMD Involvement

\* 8. Have you attended SHSMD Connections in the past?

Yes  No

If yes, please indicate when you attended and how you have used the conference towards your professional development.  
(Up to 150 words)

\* 9. Have you accessed the SHSMD Connections Virtual Conference in the past?

Yes  No

If yes, please describe how you have used the virtual conference towards your professional development.  
(Up to 150 words)

\* 10. SHSMD Involvement

(Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Served on a SHSMD committee or task force (describe below)                                | <input type="checkbox"/> Written an article, book or white paper for SHSMD  |
| <input type="checkbox"/> Served as a speaker for a SHSMD conference, webcast, online course or other SHSMD program | <input type="checkbox"/> Been an exhibitor at a SHSMD Annual Conference   |
| <input type="checkbox"/> Lead a roundtable discussion at a SHSMD Annual Conference                                 | <input type="checkbox"/> Served on the board of a local healthcare marketing, planning or public relations organization |
| <input type="checkbox"/> Been a concurrent session moderator at a SHSMD Annual Conference                          |   |

If SHSMD committee or task force, please specify:



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### Scholarship Information

\* 11. Why are you interested in this opportunity?

(Up to 300 words)

\* 12. How will this opportunity support your work responsibilities?

(Up to 300 words)

\* 13. How will this opportunity contribute to your professional development?

(Up to 300 words)

\* 14. Will anyone else from your organization be attending SHSMD Connections 2019 in Nashville?

Yes  No  Unknown

\* 15. What other professional educational opportunities are available to you this year, e.g., events, webcasts, education offered by your organization?

By submitting this application, I affirm that I have read, understand, and accept the following:

*If selected to receive a scholarship to attend SHSMD Connections, September 8-11 in Nashville, I hereby certify that I plan to attend. I understand that the scholarship entitles me to attend the conference, up to two preconference workshops and the all-attendee networking event but **does not include my transportation and hotel costs or any other expenses related to my attendance** . If selected, I will provide SHSMD ([shsmd@aha.org](mailto:shsmd@aha.org)) with a copy of my transportation and hotel confirmation within two weeks of notification of my acceptance, and (if not already a member) I will join SHSMD within 90 days.*