

**American College of Healthcare Executives of New Jersey  
2009 Scholarship Application**

**ACHENJ Scholarship Guidelines**

To assure that ACHENJ scholarship monies are used for the payment of approved formal education in pursuit of a degree related to Healthcare Administration, all scholarship recipients shall be required to attest to the same in a letter to ACHENJ prior to distribution of funds. This letter will further attest that the total funds received from this scholarship and any other scholarships/grants received for the same program do not exceed the actual costs of the approved program.

Failure to provide this letter shall preclude disbursement of any scholarship award. It is preferred that scholarship monies are paid directly to the school. Finally, the student will agree to present proof of course completion to ACHENJ within 60 days of course completion. Failure of the student to provide proof of course completion within 60 days of the scheduled end of the program shall be considered as relinquishing the scholarship, and the student must return the monies if proof of course completion is not presented.

Applicant's Signature\_\_\_\_\_

Date\_\_\_\_\_

# American College of Healthcare Executives of New Jersey 2009 Scholarship Application

## The American College of Healthcare Executives of New Jersey

The American College of Healthcare Executives of New Jersey (ACHENJ) is a professional organization for those who direct the management services and programs within healthcare facilities and related organizations in New Jersey.

The ACHENJ is the designated chapter serving District II of the American College of Healthcare Executives and is recognized as an Allied Health Organization by the New Jersey Hospital Association.

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### *Purpose:*

*This scholarship aims to promote advancement in Healthcare Management by providing financial assistance towards graduate education in Healthcare Management.*

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*Eligible Candidates: You are eligible to apply for an ACHENJ scholarship if you meet the following criteria:*

- 1. You are a part time or full time graduate student of an accredited healthcare management program.*
- 2. You are legally residing the United States of America*
- 3. You have not been a prior recipient of this scholarship*
- 4. You are not related to a member of the board or its subcommittees*
- 5. You are a resident of New Jersey*

### *How to Apply:*

*The ACHENJ Scholarship is offered annually. Each scholarship is for \$1000; the number awarded varies from year to year. The Scholarship Committee accepts applications from through May 15, 2009 and award announcement is made in June. Completed applications should be mailed to the First Member at Large, Jason Kreitner, Hackensack University Medical Center, 30 Prospect Ave, Hackensack, NJ, 07601*

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_

Degree Pursued \_\_\_\_\_

Institution \_\_\_\_\_

GPA \_\_\_\_\_

Total Credits Required for Degree \_\_\_\_\_

Total Credits Attained to Date \_\_\_\_\_

Please attach:

1. Letter, including the following:
  - a. A brief summary of your education to date, including any degrees awarded, course of study and achievement awards
  - b. A brief history of your employment, highlighting your accomplishments
  - c. A synopsis of your community and professional involvement
2. An essay of 200 words, indicating why you are deserving of this award
3. The signed copy of the scholarship guidelines

Application Deadline is May 15, 2009.

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**Scholarship Acceptance Statement**

I, the undersigned agree that ACHENJ scholarship monies are used for the payment of approved formal education in pursuit of a degree related to Healthcare Administration as referenced in my application.

The total funds received from this scholarship and any other scholarships/grants I have received for the same program do not exceed the actual costs of the approved program.

I agree to present proof of course completion to ACHENJ within 60 days of course completion. If I fail to provide proof of course completion within 60 days of the scheduled end of the program, I shall be considered as relinquishing the scholarship, and must return the monies to ACHENJ.

Recipient Signature \_\_\_\_\_

Date \_\_\_\_\_