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| Policy Title: | Gloria Adams Memorial Scholarship Fund | Adopted Date: | 5-11-2005 |
| Policy Category: | Operational | Review Date: | |
| Policy Number: | | Amended Date: | 5-22-2012 |

Purpose: To outline administration of the Chapter Scholarship Fund

Policy: To support Tennessee Chapter Members and to promote higher education students interested in the field of accounting/healthcare the Tennessee Chapter will award scholarship grants to qualified students.

Procedure:

1. Accounting

The TNHFMA Scholarship fund will be maintained by the National HFMA Education Foundation, and will be in a 501(c) 3 classification. Donations should be made payable to the HFMA Educational Foundation, with reference notation on behalf of the Gloria Adams Scholarship Fund. These funds will be deposited in the fund on behalf of the Tennessee Chapter by National, and a charitable deduction letter will be sent to the donor from the National CFO. The scholarship funds will be invested in an interest bearing account to maximize the interest earnings. Principal balance and interest earned can both be used in making scholarship awards, based on TNHFMA Board vote for each Scholarship award proposed by the Chair of the Scholarship Committee.

2. Qualifications

Scholarships will be awarded to High School Seniors, College Students, and Graduate Students who are currently enrolled in any accredited public or private college, university or trade school at the time of the award.

College Student recipients must start attendance within six (6) months of the award and show proof of enrollment for a minimum of twelve (12) credit hours. Graduate Student recipients must start attendance within six (6) months of the award and show proof of enrollment for a minimum of three (3) credit hours.

An applicant must be a member or the child or grandchild of a member of the TNHFMA, and the applicant must be pursuing a degree pertinent to healthcare financial management.

3. Approval

Applications will be reviewed and voted on by the Scholarship Committee for presentation to the Board for final award approval. All applicants must submit a letter and application to the Scholarship Chairman thirty (30) days prior to an official Board of Directors Meeting for consideration. Approval shall be made for full college education dependent upon maintaining participation in courses in pursuit of a degree pertinent to healthcare financial management and maintenance of a 3.0 grade point average. Once approved, the applicant need not reapply for a scholarship award. The number of Scholarships will be determined based on the goals of the Scholarship Committee and the size of the applicant pool, and will be up to \$1,000 per semester/\$2,000 per award per calendar year based on costs of the program and availability of funds.

4. Distribution

Upon receipt of documentation supporting college education expense, a request will be sent to National requesting eighty percent (80%) of the scholarship amount to be sent directly to the recipient. The remaining twenty percent (20%) will be sent to the student upon presentation of evidence of a 3.0 grade point average for courses taken in pursuit of a degree pertinent to healthcare financial management.

5. Funding

All revenues from the annual Gloria Adams Golf Tournament will be deposited to the Scholarship Fund.

Special fund raising events may be held to further support the Scholarship Fund.

\$50.00 will be donated by the Chapter to the Gloria Adams Scholarship Fund for TNHFMA members that pass the National Certification exams, with an annual cap of \$2,500.

Additional donations to the Fund may be made at the discretion of the Board of Directors.

Attachments: Scholarship Application Form

 Donation Form



Policy Manual

Scholarship Application

Date: _____

Applicant Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Referring HFMA Member Name: _____

College Attending: _____ GPA: _____

College Location: _____ Major Area of Study: _____

Parent/Guardian Information

Name: _____ Relationship: _____

Employer: _____ How Long: _____

Employer Address: _____

Employer Phone: _____ Job Title: _____

Name: _____ Relationship: _____

Employer: _____ How Long: _____

Employer Address: _____

Employer Phone: _____ Job Title: _____

Extra Curricular Activities:

After completing this form, return this application along with a letter stating future career goals and the reason for your request to:

(Insert the name and email address or mailing address of Scholarship Committee contact here)



Policy Manual

**Gloria Adams Memorial Scholarship Fund
Donation Form**

Date: _____
Donor Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Affiliated HFMA Member Name: _____
HFMA Member Number: _____
Employer: _____ How Long: _____
Employer Address: _____
Employer Phone: _____ Job Title: _____
Method of Payment:
Note checks should be made payable to: Tennessee HFMA Scholarship Fund
\$ _____ Cash \$ _____ Check No. _____
If using a credit card complete this information:
Visa _____ Master Card _____ American Express _____
Credit Card #: _____
Card Holders Name: _____ Zip Code: _____
Expiration Date: _____
Signature: _____

After completing this form return with payment to:
TNHFMA Scholarship Fund in care of:

(Insert the name and email address or mailing address of Scholarship Committee contact here)