



## GRADUATE STUDENT SCHOLARSHIP

### OVERVIEW

The Louisiana Association of Health Plans is pleased to sponsor the LAHP Graduate Student Scholarship in Healthcare Management. This scholarship is offered exclusively by LAHP and was established as a community service to promote careers in the health benefits industry. The scholarship is awarded annually to a Louisiana student who has demonstrated strong promise of leadership in the healthcare profession, along with significant community involvement.

### DESCRIPTION

The LAHP Graduate Student Scholarship is designated for students enrolled in their final year of a graduate healthcare management program. One scholarship in the amount of \$10,000 is awarded each academic year. Candidates may be interviewed as part of the selection process.

### ELIGIBILITY REQUIREMENTS

You are eligible to apply for the LAHP Graduate Student Scholarship if you meet all of the following criteria:

- You are a student who is enrolled in full-time study for the upcoming term, which begins your final year of didactic work in an accredited graduate healthcare management program in Louisiana.
- You have at least a 3.0 cumulative undergraduate grade-point average (GPA) and at least a 3.0 cumulative first-year graduate GPA.
- You can demonstrate financial need.
- You are a U.S. citizen.
- You have not been a previous recipient of this scholarship.

### WHEN TO APPLY

Applications for the 2011 LAHP Graduate Student Scholarship will be accepted through October 15, 2010. The student selected to receive the scholarship will be notified by November 19, 2010, and the scholarship will be formally awarded at the LAHP Annual Meeting in December.

### APPLICATION FORM AND INSTRUCTIONS

The application form and instructions may be found on the following pages.

## GRADUATE STUDENT SCHOLARSHIP APPLICATION

The goals of the LAHP Graduate Student Scholarship program are to provide financial aid, to increase enrollment in healthcare management graduate programs in Louisiana, and to encourage students to obtain positions in middle and upper levels of management in health benefits organizations. Applicants must be full-time students entering the final year of didactic work in a healthcare management graduate program to be eligible for this scholarship and are subject to LAHP Graduate Student Scholarship eligibility requirements.

**To apply, submit the following materials:**

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Completed LAHP Graduate Student Scholarship Application</li> <li>2. Current curriculum vitae or resume</li> <li>3. Official undergraduate and graduate transcripts</li> </ol> | <ol style="list-style-type: none"> <li>4. Three letters of recommendation</li> <li>5. Application essay</li> </ol> |
|---|--|

*Please type or print in black or blue ink.*

### A. PERSONAL INFORMATION

**Name:**

FIRST	MIDDLE	LAST
-------	--------	------

E-MAIL

-   -

SOCIAL SECURITY NUMBER

**Current Mailing Address:**

-    -

PHONE NUMBER

STREET	CITY	STATE	ZIP
--------	------	-------	-----

**Permanent Mailing Address (if different from above):**

-    -

PHONE NUMBER

STREET	CITY	STATE	ZIP
--------	------	-------	-----

**If you are selected as the award recipient, which address do you prefer we use to notify you?**

- Current Mailing Address     Permanent Mailing Address

**University Information:**

NAME OF UNIVERSITY	DEGREE/PROGRAM
--------------------	----------------

ESTIMATED GRADUATION DATE (FINAL YEAR OF CLASSROOM WORK)	CURRENT GRADUATE GPA	UNDERGRADUATE GPA
--	----------------------	-------------------

**Citizenship:**     United States

- Race or Ethnic Group:\***     Black (not of Hispanic origin)     Alaskan Native     American Indian  
     Asian or Pacific Islander     Hispanic     White (not of Hispanic origin)

*\*Optional. For data purposes only.*

**How did you first learn about the LAHP Graduate Student Scholarship?** \_\_\_\_\_

---

## B. REFERENCES

Letters of recommendation must be from your university program director as well as two professional colleagues or instructors. Be sure to select individuals who are acquainted with your abilities and performance. Please list your references below and include the letters of recommendation from each reference with your completed application.

### Program Director:

1.

NAME	TITLE		
ORGANIZATION	UNIVERSITY PHONE		
STREET	CITY	STATE	ZIP

### Professional Colleagues/Instructors:

2.

NAME	TITLE		
ORGANIZATION	BUSINESS PHONE		
STREET	CITY	STATE	ZIP

3.

NAME	TITLE		
ORGANIZATION	BUSINESS PHONE		
STREET	CITY	STATE	ZIP

---

## C. ANNUAL FINANCIAL INFORMATION

LAHP evaluates financial need based on the applicant's ability to contribute to his or her education. The dollar amount recorded on each line should be representative of the **2010-2011** academic year. **If you are married, report your spouse's assets, income, and expenses as well.**

Please provide the following information when applicable. If there is additional information that you would like to provide, please use a separate sheet.

---

### Dependents

Please indicate your number of dependents, including yourself: \_\_\_\_\_

---

### Assets

As of today, what is your (and your spouse's) total current balance of cash, checking, and savings accounts? \$ \_\_\_\_\_

---

### Revenue

1. What is your (and your spouse's) total annual gross income? \$ \_\_\_\_\_

2. If you (or your spouse) receive taxable earnings from federal work-study or other need-based work programs, what amount will you receive during the **2010-2011** academic year? \$ \_\_\_\_\_

3. If you (or your spouse) receive student grants, scholarships, and/or fellowship aid, what amount will you receive during the **2010-2011** academic year? \$ \_\_\_\_\_

Please itemize below and place the total on the line provided.

_____
_____
_____

4. If you (or your spouse) receive veterans education benefits, what amount will you receive during the **2010-2011** academic year? \$ \_\_\_\_\_

5. If you (or your spouse) receive other sources of assistance (e.g., parent contributions), what amount will you receive during the **2010-2011** academic year? \$ \_\_\_\_\_

**Total Revenue (add lines 1-5)** \$ \_\_\_\_\_

---

### Expenses

1. Rent/mortgage (annual) \$ \_\_\_\_\_  
2. Tuition, fees, and books (annual) \$ \_\_\_\_\_  
3. Other annual expenses (e.g., car/loan payments, utilities, groceries, etc.) \$ \_\_\_\_\_

Please itemize below and place the total on the line provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Expenses (add lines 1-3)** \$ \_\_\_\_\_

---

### Total Outstanding Loan Obligations

As of today, what are your (and your spouse's) total loan obligations? \$ \_\_\_\_\_

Please itemize below and place the total on the line provided.

School-related: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

---

### D. ESSAY

Please provide a one- to two-page double-spaced typed essay (maximum 800 words) describing your leadership abilities and experiences, your community/volunteer involvement, and your goals as a healthcare executive. In addition, explain how this scholarship can help you achieve your career goals.

---

### E. STATEMENT OF INTEGRITY

I hereby acknowledge that all of the information given in this application is true.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

---

### Please return your completed application and accompanying materials to:

LAHP Graduate Student Scholarship Committee  
Louisiana Association of Health Plans  
17425 Jefferson Hwy., Suite C  
Baton Rouge, LA 70817  
E-mail: info@lahp.net

**All materials, including recommendations, must be postmarked no later than October 15, 2010, to be eligible.** Incomplete applications will not be considered. The award recipient will be notified no later than **November 19, 2010**. If you have any questions, please call LAHP at (225) 756-3227 or send an e-mail to info@lahp.net.

---

### Please be certain that the following materials are included in your application packet:

- Completed scholarship application                       Current curriculum vitae or resume  
 Official undergraduate and graduate transcripts                       Three letters of recommendation                       Application essay