

FELLOWSHIP APPLICANTS SOUGHT

The Consortium is seeking applicants for the T. Stewart Hamilton, M.D. Fellowship in Health Management. This fellowship acknowledges Dr. Hamilton's exceptional contributions to Hartford Hospital, the University of Connecticut Health Center and the Capital Area Health Consortium and to all healthcare delivery in the greater Hartford area.

These fellowships were conceived to create opportunities for individuals engaged in postgraduate study in the field of healthcare. Each year monies are awarded to individuals interested in furthering careers in management, medicine, nursing, public health or any area of service delivery or healthcare research. Previously, awards have been given for independent study and one-time management courses as well as creative research projects. For those seeking funds towards a post-graduate degree, applicants must be in their final year of study.

The award will cover the costs of tuition and possibly some living expenses. It will not cover the cost of travel. Approximately two to five grants (between \$1,000 - \$2,000) are awarded each year. Applicants must be employed full time in one of the six member hospitals of the Capital Area Health Consortium: Connecticut Children's Medical Center, Hartford Hospital, Hospital for Special Care, John Dempsey Hospital, The Hospital of Central Connecticut and Saint Francis Hospital and Medical Center. Employees of for-profit subsidiaries of these institutions are not eligible.

In addition, a CV with a maximum of two pages must be submitted with your application.

The awards will be presented at the Capital Area Health Consortium's Board of Trustees meeting in November.

Additional information and application forms are available at our website: www.cahc.org or by calling:

Lory Gasper
Capital Area Health Consortium
860-676-1110

Applications will be accepted no later than October 8, 2018.

**T. Stewart Hamilton, M.D. Scholarship
In Healthcare Management**

**c/o Capital Area Health Consortium
270 Farmington Avenue - Suite 352
Farmington, CT 06032-1994**

Application must be submitted no later than October 8, 2018.

APPLICANT:

Name: _____

Title: _____

Work Address: _____

Home Address: _____

***Employer:** _____

Work Phone: _____

Home Phone: _____

***Employees of for-profit subsidiaries are not eligible to apply.**

T. Stewart Hamilton, M.D. Scholarship
Page 2

(1) Describe the Scholarship proposal for which funding is requested.

(2) Describe how this Scholarship experience will benefit your professional career.

T. Stewart Hamilton, M.D. Scholarship
Page 3

(3) How will the results of this Scholarship benefit your hospital and/or the community served?

T. Hamilton Scholarship

Page 4

List all expenses of the Scholarship proposal.

Tuition:

Other*:

Living expenses, books, supplies, etc.

Description(s):

Cost:

Total Required:

*Travel may not be included.

Total requested from T. Stewart Hamilton, M.D. Scholarship Fund: _____

If your entire request from the T. Stewart Hamilton, M.D. Scholarship Fund is not granted, will you still proceed with the program?

Yes

No

Other funds:

Yes

No

Describe what other sources you have approached for funds and the amounts obtained from those sources:

Source:

Amount:

\$ _____

Source:

Amount:

\$ _____

A final report to the Committee is required within 60 days of completing the study period. This report, or an analysis of findings and conclusions, will be printed by the T. Stewart Hamilton Scholarship Committee to be shared with contributors and the hospitals comprising the Capital Area Health Consortium.

Signature of Applicant:

NOTE: Letters of endorsement from both a member of Senior Management and your Department Head MUST accompany this application. Please be sure to attach your CV.