

## **T. Stewart Hamilton, M.D. Fellowship Scholarship Funds Available**

Modeled after Dr. Hamilton's exceptional contributions to Hartford Hospital, UConn Health and the Capital Area Health Consortium, an annual scholarship in his honor was created to provide opportunities for individuals interested in furthering their careers in healthcare management, medicine or nursing. Approximately two to five grants of up to \$2,000 each may be awarded each year.

The scholarship encourages continuing education for health managers and clinicians who recognize the value of engaging in scholarly activities during their working careers.

### Eligibility Criteria:

- Applicants must be employed fulltime in one of the six member hospitals of the Capital Area Health Consortium: Connecticut Children's Medical Center, Hartford Hospital, Hospital for Special Care, The Hospital of Central Connecticut, Saint Francis Hospital and Medical Center and UConn John Dempsey Hospital. (Employees of for-profit subsidiaries of these institutions are ineligible).
- Applicants must be in their final year of study to apply for funding towards a post-graduate degree. The award can cover tuition and living expenses, but travel costs are ineligible.
- Funding requests for independent study or postgraduate educational programs are eligible to apply.

Rolling applications may be submitted at any time and if awarded, will be presented at the Capital Area Health Consortium's Board of Trustees next meeting in the fall or spring.

Applicants must submit a CV and summary of request not to exceed two pages. Please submit completed applications via email to [nielson@uchc.edu](mailto:nielson@uchc.edu). For additional information, please contact Michelle Nielson at (860) 676-1110.

**T. Stewart Hamilton, M.D. Fellowship**  
**c/o Capital Area Health Consortium**  
**270 Farmington Avenue - Suite 352**  
**Farmington, CT 06032-1994**

Applications may be submitted at any time. Awards will be presented at the Capital Area Health Consortium's next Board of Trustees meeting in the fall or spring.

APPLICANT:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\*Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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

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

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

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List all expenses of the Scholarship proposal

Tuition: \_\_\_\_\_  
Other\*: \_\_\_\_\_  
  
Living expenses, books, supplies, etc. \_\_\_\_\_  
Description/Cost: \_\_\_\_\_  
Description/Cost: \_\_\_\_\_  
Total Required: \_\_\_\_\_

\*Travel may not be included.

Total amount requested: \_\_\_\_\_

If your entire request from the T. Stewart Hamilton, M.D. Fellowship Fund is not granted, will you still proceed with the program?     Yes             No

Are there other funds committed?                             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 after graduation, completion of the course or study period. This report, or an analysis of findings and conclusions, will be printed by the T. Stewart Hamilton, M.D. Fellowship 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.