

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 located in the Capital Area (please see attached map for eligible communities):
 - Connecticut Children's Medical Center and Foundation;
 - Hartford HealthCare;
 - Hospital for Special Care;
 - Saint Francis Hospital Trinity Health of New England;
 - UConn Health

(Employees of for-profit subsidiaries of these institutions are ineligible to apply).

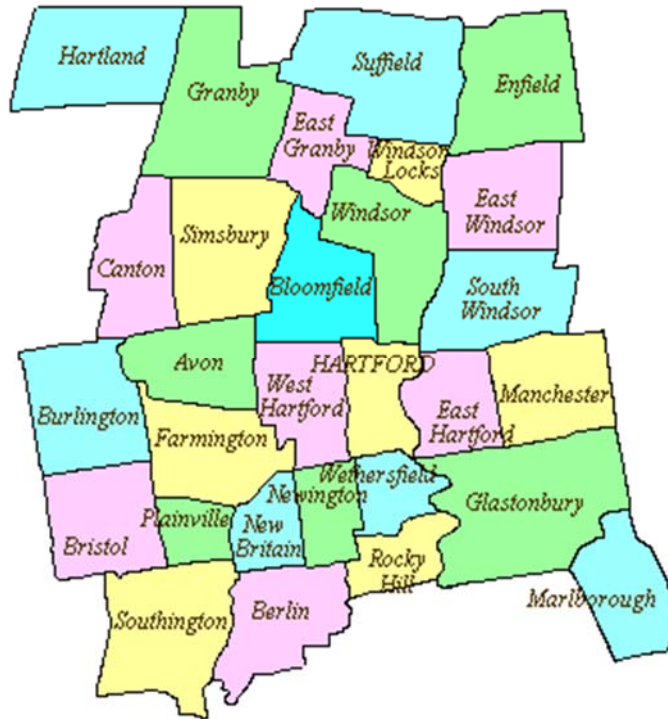
- Funding requests for independent study or postgraduate educational programs are eligible to apply.
- The award can cover tuition and living expenses, but travel costs are ineligible.

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 cahcgroupp@uchc.edu. For additional information, please contact Michelle Nielson or the Consortium staff at (860) 676-1110.

Capital Area Region Map

Any general or specialty hospital located within Capital Region surrounding the metropolitan area of Hartford, Connecticut, shall be eligible to apply for the T. Stewart Hamilton, M.D. Fellowship Scholarship Fund.



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

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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.