

**T. STEWART HAMILTON, M.D. FELLOWSHIP
SCHOLARSHIP FUNDS AVAILABLE**

OVERVIEW

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

AMOUNT OF SCHOLARSHIP:

Approximately two to five grants of up to \$2,000 each may be awarded each year.

ELIGIBILITY CRITERIA:

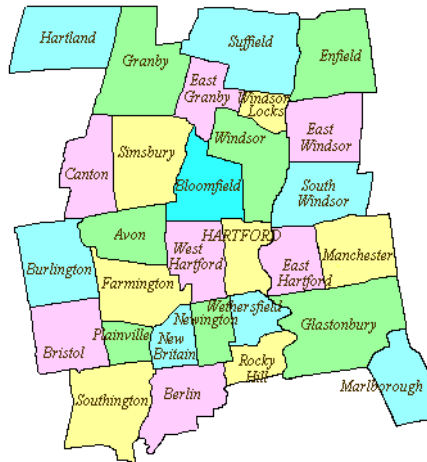
- Applicants must be employed fulltime in one of the six member hospitals* located in the Capital Area (please see map below for eligible communities):
 - Connecticut Children's Medical Center and Foundation;
 - Hartford HealthCare;
 - Hospital for Special Care;
 - Saint Francis Hospital Trinity Health of New England;
 - UConn Health

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

- Candidate must have a minimum of a Bachelor's degree.
- Funding requests for independent studies are eligible to apply.
- The award can cover tuition and living expenses only, travel costs are ineligible.

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.



EXCLUSIONS:

- Travel related costs are ineligible.
- Employees of for-profit subsidiaries of our member institutions are ineligible to apply.

PROCESS:

- 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 (due by 10/1) or spring (due by 5/1).
- Summary of request can not to exceed two pages.
- Applicants must submit a CV.
- Applicants must submit a letter(s) of endorsement from senior management and/or your department head.
- Please submit completed applications via email to: cahcgroupp@uchc.edu.
- A final report to the Committee is required within 60 days after graduation, completion of the course or study period.

For additional information, please contact Michelle Nielson or the Consortium staff 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**

APPLICATION

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: _____

Email Address: _____

*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: A letter of endorsement from senior management and/or your department head and a CV must accompany this application.