

**T. STEWART HAMILTON, M.D. FELLOWSHIP
SCHOLARSHIP FUNDS ARE 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. In addition, the scholarship encourages continuing education for health managers and clinicians who recognize the value of engaging in scholarly activities during their 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 full-time 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

- The 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:

Employees of any general or specialty hospital located within the 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 are accepted and if awarded, will be acknowledged 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).
- The summary of request cannot exceed two pages.
- Applicants must submit a curriculum vitae/resume.
- Applicants must submit letter(s) of endorsement from senior management and/or your department head.
- Please submit completed applications via email to cahcgroup@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, contact Michelle Nielson or the Consortium staff at (860) 676-1110.

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

APPLICATION

Applications may be submitted at any time. Awards will be acknowledged at the Capital Area Health Consortium's next Board of Trustees' meeting in the fall (due by 10/1) or spring (due by 5/1).

APPLICANT:

Name: _____

Title: _____

Work Address: _____

Home Address: _____

Employer: _____

Telephone Number: _____

Email Address: _____

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

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

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

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

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

T. Stewart Hamilton, M.D. Fellowship

Page 4

List all expenses of the Scholarship proposal

Tuition:	_____
Other*:	_____
Living expenses, books, supplies, etc.	_____
Other (description) _____	_____
Other (description) _____	_____
Total Required	_____

*Travel may not be included.

Total amount requested (cannot exceed \$2,000): _____

If your entire request from the T. Stewart Hamilton, M.D. Fellowship Fund is not funded, 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:

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 senior management and/or your department head and a curriculum vitae/resume must accompany this application.