

**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 may be awarded yearly.

**ELIGIBILITY CRITERIA:**

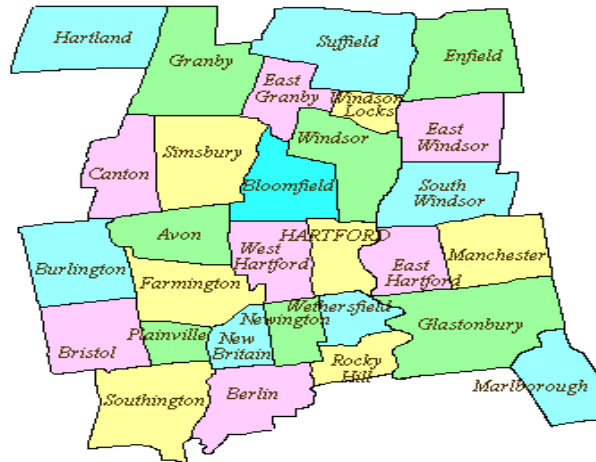
- Applicants must be employed full-time in one of the six-member hospitals\* located in the Capital Area (please see map below for eligible communities):
  - Connecticut Children's Medical Center and Foundation;
  - Hartford HealthCare;
  - Hospital for Special Care;
  - Saint Francis Hospital Trinity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

**EXCLUSIONS:**

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

**CAPITAL AREA REGION MAP:**

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.



**PROCESS:**

- Rolling applications are accepted at any time and, if awarded, will be presented at the Capital Area Health Consortium’s Board of Trustees meeting in the fall (due by 10/1) or spring (due by 4/1).
- The request summary shall not exceed two pages.
- Applicants must submit a curriculum vitae/resume.
- Applicants must submit two letters of recommendation, preferably from senior management and your department head.
- Please submit completed applications via email to: [cahcgroupp@uchc.edu](mailto:cahcgroupp@uchc.edu).
- A final report to the Committee is required within 60 days after graduation, completion of the course or study period, or within one year from the receipt of your grant.
- 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 INFORMATION:**

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

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

Employer Address: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

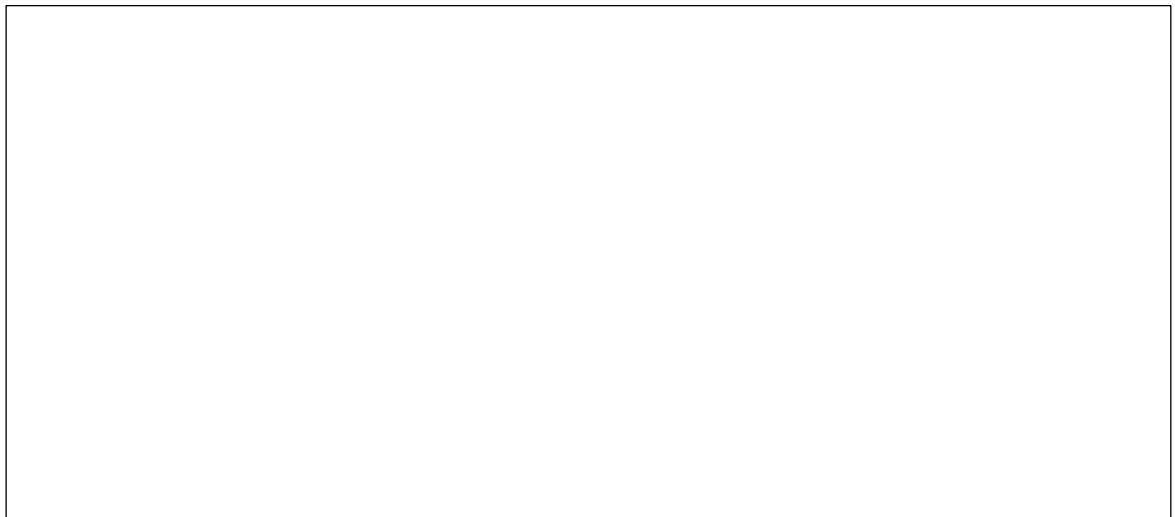
**T. Stewart Hamilton, M.D. Fellowship**

**Page 2 –Request Summary**

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

A large, empty rectangular box with a thin black border, intended for the applicant to describe the proposal for which funding is requested.

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

A large, empty rectangular box with a thin black border, intended for the applicant to describe how the experience will benefit their professional career.

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**Page 3 – Request Summary**

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

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**Page 4 – Request Summary**

List all expenses of the scholarship proposal

Tuition: \_\_\_\_\_

Other\*:  
\_\_\_\_\_

Living expenses, books, supplies, etc. \_\_\_\_\_

Description/Cost: \_\_\_\_\_

Description/Cost: \_\_\_\_\_

Total Required: \_\_\_\_\_

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

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, or within one year from the receipt of your grant. 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: Two letters of recommendation and a curriculum vitae/resume must accompany your application.