

## **ACAP 2012 Scholarship Program**

**Purpose:** The Association for Community Affiliated Plans (ACAP) established a tuition scholarship to provide financial assistance to an enrollee or family member of an ACAP health plan member who is seeking higher education to pursue a career in health care or social services.

**Award Component:** One \$2,000 scholarship will be awarded to one enrollee at an ACAP health plan selected by the ACAP Scholarship Program Selection Committee. Monies will be sent directly to the higher education institution of the awardee's choice to be applied to tuition costs. The scholarship is awarded principally on the basis of the quality of responses to essay questions, the strength of the applicant's expression of interest in pursuing a career in the health care or social service sectors, and a letter of recommendation. The winner will be notified by May 20, 2012. The scholarship must be applied towards an academic term that commences no later than December 31, 2013.

### **Criteria:**

1. Applicant must be a current enrollee or an immediate family member of a current enrollee at *Family Health Network*.
2. Applicant must demonstrate intention to pursue a career in health care or social services.
3. Applicant must be enrolled at or applying to a higher education institution (any accredited university, college, technical or vocational school) and enrolled within one year of the application date.
4. Applicant must not have been a previous winner of the ACAP Scholarship Program. There are no limits on the number of times that applicants can reapply for the scholarship, but they may only be awarded the scholarship once.

**The due date for applications and all supporting documents is April 1, 2012.**

### **Each application must contain the following:**

1. 2011 Application Form
2. Official transcript of your grades (high school/GED or transcript from higher education institution)
3. One letter of recommendation from a non-relative teacher, guidance counselor, employer, or other appropriate community member
4. Responses to personal essays
5. Signed confidentiality and release waiver and accuracy statement

### **Mail or email application and materials to:**

*Family Health Network  
Attn: Scholarship Program  
910 W Van Buren, 6<sup>th</sup> Floor  
Chicago IL 60607  
[aben@fhnchicago.com](mailto:aben@fhnchicago.com)*

**About ACAP:** ACAP is a national trade association representing 59 non-profit, safety net health plans in 28 states. ACAP's mission is to represent and strengthen not-for-profit, safety net health plans as they work with providers and caregivers in their communities to improve the health and well being of vulnerable populations in a cost-effective manner. Collectively, ACAP plans serve nearly 10 million enrollees. For more information, visit [www.communityplans.net](http://www.communityplans.net).



**ACAP 2012 Scholarship Program Application**

**PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS.**

1.	Name ( <i>First, MI, Last</i> ): _____		
2.	Street Address: _____ City: _____ State: _____ ZIP: _____		
3.	Telephone Number: (     ) _____	4.	Email: _____
5.	Date of Birth (mm/dd/yyyy): _____		
6.	Are you an enrollee or family member of an enrollee at Family Health Network? <input type="checkbox"/> I am an enrollee. <input type="checkbox"/> A family member, _____ is an enrollee.		
7.	<p><b>If you are under 18</b>, please provide the name and address of parent(s) or legal guardian(s):</p> Parent(s) or Guardian(s): _____ Street Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Email: _____		

**EDUCATION**

8.	High school: _____ City, State: _____ Year of Graduation: _____ <input type="checkbox"/> I hold a GED instead of a high school diploma. Describe any additional education you may have received below:		
	Name of Institution	Dates Attended	Year Graduation and Degree (if applicable)



9.	<p>Please indicate whether you are currently enrolled in, have been accepted to, or have applied to a higher education institution. Include the name of the school.</p> <p> <input type="checkbox"/> Enrolled      Name of higher education institution: _____  <input type="checkbox"/> Accepted      Name of higher education institution: _____  <input type="checkbox"/> Applied      Name of higher education institution: _____         </p> <p><b>Proof of acceptance or current student enrollment from the school is required prior to receipt of funds.</b> For example, applicant will be asked to provide a copy of the letter of acceptance from the higher education institution, a transcript if currently enrolled, or similar documentation.</p>			
10.	<p>What specialty/major do you plan to pursue in your education?</p>			
11.	<p>List and briefly describe any work experience you may have.</p>			
	<i>Position</i>	<i>Employer</i>	<i>Dates of Employment</i>	<i>Duties</i>
12.	<p>List any academic honors or awards you have received.</p>			
13.	<p>Briefly list community-related activities or hobbies that you have been involved in through your school, church, or other organization.</p>			

### ESSAY QUESTIONS

Please answer the following questions. Each response should be 250 words or less. Please submit your responses on separate paper and attach to this application.

1. How have you benefited from the medical care, services and/or supports that have been provided by *Family Health Network*? (This can be from medical care you may have received from your doctor, nurse, or other medical professional and/or any contact or experience you have had with *Family Health Network*.)
2. How will your studies further your career in the health care and/or human/social services fields?
3. Why are you a good candidate to receive this award?

### CONFIDENTIALITY WAIVER, ESSAY RELEASE AND STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby give *Family Health Network* permission to release any information provided by me in this application to the Association for Community Affiliated Plans and the ACAP Scholarship Program Selection Committee.

I hereby grant *Family Health Network* and the Association for Community Affiliated Plans permission to use the essay responses provided by me in this application for all purposes and in perpetuity so long as there is no identification of me, unless I have given explicit written consent. I waive the right to inspect or approve versions of the essay responses.

I hereby understand that if chosen as a scholarship winner, according to Association for Community Affiliated Plans Scholarship Program policy, I must provide evidence of enrollment/registration at the education institution of my choice before scholarship funds can be awarded.

I hereby understand that if chosen as a scholarship winner, according to Association for Community Affiliated Plans Scholarship Program policy, I will agree to provide a photo that ACAP can use to identify me as the winner in its announcement and any such publicity materials related to the scholarship.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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### REMINDER

All applications must be received by 5 p.m. on **April 1, 2012** to be considered.

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