

**Northern California Chapter HFMA  
Scholarship Application Form**

**Please complete the following application form for the HFMA scholarship. The HFMA Scholarship Committee on or before February 1<sup>st</sup> must receive this letter.**

**Please return this form to the Northern California Chapter – HFMA, Scholarship C/O Kathryn Leppert, 595 Center Ave Suite 300, Martinez, Ca. 94553.**

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

**Address:** \_\_\_\_\_

**Daytime Phone:** (    ) \_\_\_\_\_      **Evening Phone:** (    ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_      **Fax:** (    ) \_\_\_\_\_

**University/College:** \_\_\_\_\_

**Anticipated Date of Completion:** \_\_\_\_\_

**Emphasis:** \_\_\_\_\_

**Previous Education:** \_\_\_\_\_

**Work Experience: (Please attach a current resume)**

**What are your career goals upon completion of your degree?**

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**Northern California Chapter HFMA  
Scholarship Reference Form**

**Please complete the following reference form for the HFMA scholarship. The HFMA Scholarship Committee on or before February 1<sup>st</sup> must receive this letter.**

**Please return this form in a sealed envelope to the Northern California Chapter – HFMA Scholarship Committee, C/O Kathryn Leppert, 595 Center Ave Suite 300, Martinez, Ca. 94553, with your name signed across the sealed flap. Thank you for your help in referring qualified candidates for the HFMA scholarship.**

**Name of Applicant:** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

**Under what context have you know and/or worked with the applicant?** \_\_\_\_\_

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**What personal or professional strengths do you believe the applicant has that would allow her to contribute uniquely to health care?** \_\_\_\_\_

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**What has been the applicant's most significant contribution to the health care field?** \_\_\_\_\_

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**Signed:** \_\_\_\_\_

**Name (Please print):** \_\_\_\_\_

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

**Date:** \_\_\_\_\_ **Daytime phone:** \_\_\_\_\_

