



metropolitan new york chapter

Marvin Rushkoff Scholarship

There will be two (2) \$1,000 scholarships awarded each year to qualified

applicants. **Eligibility Requirement:**

- Members of the Metropolitan NY Chapter HFMA, spouse and dependents of member of Metro NY Chapter. The member must be in good standing with National HFMA and the Chapter. Member in good standing is defined as a member whose dues are current or is identified as a member in transition with National HFMA and has NO outstanding AR with the Metro NY Chapter.
- Must be attending an accredited college or university and show proof of acceptance.
- Must be a matriculated student
- Application must be received by the designated committee chair on or before April 1st of each year. Only completed applications will be accepted and considered for award.
- Announcement of winner(s) will be contacted by the Executive committee and the winners will be announced at the Annual Business meeting and published in the nearest Newscast publication.
- Awards are for one year only and will require a new application each year to be considered for the scholarship.
- Members of the Executive Committee/their dependents and spouses are NOT eligible.
- Members of the Evaluating Committee/their dependents and spouses are NOT eligible.

Evaluation of Application:

- The Committee Chair will receive all applications.
- The Evaluating Committee will consist of the Scholarship Chair, Co-Chair and Executive Committee.
- The Scholarship Chair and Co-Chair will refrain from voting, the Executive Committee will be the voting members and winner(s) will be chosen by majority.

Applications will be weighted based on the following criteria:

Essay	60%
Community/Professional Experience	25%
Field of Study	10%
GPA of most recent semester completed	5%



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Marvin Rushkoff Scholarship Application

Application MUST be received on or before April 1st, Winners to be announced at Annual Business meeting in May.

Applications will be accepted via mail or by email to mario.difiglia@wmchealth.org

HFMA Member Information:

Member Name: _____

Member Address: _____

Membership # _____

Applicant Information:

Applicant Name: _____

Address: _____

Relationship to Member: _____ Email Address _____

College/University Attending: _____
(Proof of Enrollment must be attached)

Matriculated Student: Yes No Anticipated Graduation Date: _____

Major (if known) _____

Anticipated Degree: Undergraduate: Associates _____ Bachelors _____
 Graduate: Masters in _____
 PhD: _____

Does your employer supplement your education with tuition reimbursement: Yes No

Highest Level of Education Completed as of application: _____

Name of School Currently Attending: _____

GPA: _____ (as of last completed semester) **Documentation must be provided supporting GPA**



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Professional Career/ Work Experience:

Employment history to be attached and labeled as Attachment: A

Community and Professional Activities:

Please describe your civic and professional activities and contributions to your community, profession, HFMA or other organizations. Attach and label as Attachment: B

Essay

In 350 words or less submit an essay describing your education and or professional goals and how this scholarship will assist you in achieving such goals. **Essay must be typed and double spaced.**

References:

Please furnish three letters of reference. Please submit these letters with your application do not have them submitted under separate cover. Remember only fully completed applications will be considered for scholarship.

Applicants Signature: _____ Date: _____

All applications must be received on or before **April 1st**

Return application via email or mail to:

Mario Di Figlia, FHFMA

VP Reimbursement

Westchester Medical Center

Member of the Westchester Medical Center Health Network

Taylor Pavilion, Suite# M-228 | 100 Woods Road | Valhalla, NY 10595 | (O) 914.493.7909 | (F) 914.493.2948

Mario.DiFiglia@wmchealth.org