

APPLICATION

AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS' RALPH J. BARRONS, JR. SCHOLARSHIP

NAME: _____

ADDRESS _____

TELEPHONE: WORK() _____ HOME() _____

ARE YOU (Check those that apply):

- Member of ACHCA Membership # _____
- Enrolled in an AIT and/or a university/college majoring in health care administration
 - If AIT, Preceptor's name: _____ and Facility: _____
 - If Student, Advisor's name: _____ and University/College: _____

Attach the following information to your application:

- Current Resume
- Two letters of Nomination:
 - If AIT, one MUST be from your Preceptor,
 - If Student one MUST be from your academic advisor
 - The second letter can be from anyone who knows of your interest in Long Term Care.
- Statement of Financial Need
- Narrative describing your opinion of future of LTC and your career goals.

I, _____, state that the information provided is accurate and truthful to the best of my knowledge and it is my current intention to pursue a career in long term care. Further, I agree if awarded the BARRON SCHOLARSHIP, I will attend the 2010 Convention of the New York Chapter of ACHCA to be held March 2010. I understand that one night of accommodations will be provided.

_____ Date: ___/___/___
(Signature)

SUBMIT APPLICATION MATERIALS TO:

Michael F. Amo
Scholarship/Awards Committee
c/o The Amo Group, LLC.
16 Summit Avenue
Central Valley, New York 10917
Fax (845)-928-4844 or mamo46@optonline.net

Deadline:
February 15, 2010