



Greater Florida Buccaneer Chapter Educational Event Scholarship Program

1. Purpose – to provide educational scholarships to Greater Florida Buccaneer Chapter provider members for AAHAM conferences.
2. Eligibility – Any person who has been a member of the Greater Florida Buccaneer Chapter for at least one year, and have paid their current dues by the due date.
3. Application – a completed application should be submitted to the Scholarship Chair at least 45 days prior to the event the member wishes to attend.
4. Selection – Applications that meet the established criteria will be considered by a review and selection committee comprised of the Scholarship Committee Chair, the Chairman of the Board and the Treasurer.
5. Awards – Scholarships will be awarded (as funds permit) as follows:
 - A. \$250 to attend an overnight conference being presented by the Greater Florida Buccaneer Chapter that is one to two days in length , and one overnight stay.
 - B. \$500 to attend an overnight conference being presented by the Greater Florida Buccaneer Chapter that is more than two days in length.
 - C.

Greater Florida Buccaneer AAHAM Scholarship Award Protocol:

1. Background
2. Awards
3. Funding
4. Protocol
5. Application

BACKGROUND

It is the intent and desire of The Greater Florida Buccaneer Chapter of AAHAM to promote the advancement of the patient account management profession, and the individual growth of its members through ongoing education programs.

Considering this, and the desire to see more providers have the opportunity to participate in educational opportunities, it was felt that a charity established to meet this need would be a worthwhile endeavor.

AWARDS

The Greater Florida Buccaneer Chapter of AAHAM provides scholarships to provider members as funds permit. The applicant must be a member of the Greater Florida Buccaneer Chapter, in good standing at the time of the application, for at least one year, and must be a provider member of our profession.

FUNDING

Future Funding of the Scholarship

A fundraising event will be held at least once per year. The goal and desire would be to raise at least \$1000 to fund as many scholarships as feasible per year. The Scholarship Committee will outline and direct the fundraising activities in conjunction with the Charity Committee.

PROTOCOL

Application requirements and procedure:

A. Applicant

1. The applicant must be a paid Greater Florida Buccaneer AAHAM member in good standing.
2. The applicant must be a healthcare provider member.
3. A completed application form must be submitted to the Scholarship Chair at least 45 days prior to the event the member is applying for.
4. To be awarded compensation, the scholarship recipient must submit their incurred expenses within 30 after the event attended. The expenses should be submitted to the Scholarship Chair.

B. Selection

1. Selection will be based on a review of the application, and the evidence of financial need. Financial need may be defined as expenses for conference attendance not being reimbursed by the applicant's employer.
2. Selection will be made by the Scholarship Committee, which for these purposes consists of the Chairman of the Scholarship Committee, the Chairman of the Board and the Treasurer.
3. Award recipients will be notified within 30 days of the event that applications were received for.

C. Compliance

Member awardees must submit to the Greater Florida Buccaneer Chapter's Scholarship Chair proof of expenses incurred for the educational event attended. Reimbursement will be for the actual expense if the expense is less than the award amount, or the award amount, if the expenses are greater.

D. Forfeiture of Award

1. Failure to attend the event and educational sessions for which the member was awarded the scholarship for, will require forfeiture of the award.
2. Failure to submit the expenses incurred for the attended event within 30 calendar days to the Scholarship Chair will require forfeiture of the award.

Greater Florida Buccaneer Member Event Scholarship Application
(Please print legibly or type)

Name of Applicant:

Home Address :

Telephone : (____) _____ (Home) (____) _____ (Work)

Employer Name:

Employer Address:

What is your occupational Title:

What education event are you applying for? (Title and Date)

Are you eligible for reimbursement from your employer for these expenses?

Are you a certified member? _____ CPAT/CCAT _____ CPAM/CCAM _____

Please attach a short statement indicating why you would like to be considered for this award.

I hereby certify that all answers to these questions and all statements in this application are true. I agree and understand that any misstatements of material facts contained in this application may cause forfeiture upon my part of all rights to any scholarship sound hereunder.

AAHAM Member Signature _____ Date _____