

# 2010 Alice S. Hersh Student Scholarship Application

Date \_\_\_\_\_ AcademyHealth Member  Yes  No  
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Prefix \_\_\_\_\_ Name \_\_\_\_\_

Designation(s) \_\_\_\_\_ Organization \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

## Current Educational Program

Program(s): \_\_\_\_\_ Degree(s) being pursued: \_\_\_\_\_

University: \_\_\_\_\_ Expected date of completion: \_\_\_\_\_

1. I am applying for a scholarship covering registration fees to the following conference (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> <b>2010 Annual Research Meeting</b><br>June 27-29, 2010, Boston<br>Last day to apply: March 15, 2010 | <input type="checkbox"/> <b>2011 National Health Policy Conference</b><br>February 7-8, 2011 Washington, D.C<br>Last day to apply: November 15, 2010 |
|---|--|

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 2. Have you previously attended the Annual Research Meeting?           | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Have you previously attended the National Health Policy Conference? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Have you previously applied for the Hersh Scholarship?              | <input type="checkbox"/> yes | <input type="checkbox"/> no |

5. Please attach a short essay describing how attendance at the meeting of your choice will enhance your educational and professional pursuits in health services research and policy. Essays should be no longer than 500 words. Scholarships will be awarded based on the creativity, clarity, and compelling reasoning presented in the essay:

- Clear connection between stated learning objectives and reason for attending the conference;
- Commitment to the field of HSR and health policy;
- Potential to contribute to HSR and health policy; and
- Quality of the essay (well written, clear, and concise).

*Each essay should include your name, phone number and email address. (These do not count toward the word limit.)*

6. Please attach the following to this application: 1.) essay, 2.) current résumé, 3.) recommendation letter (optional).

**You may submit this application and essay via fax, postal mail or email to:**

Fax: 202-292-6800, Attn: Membership  
Mail: AcademyHealth, 1150 17th Street, NW, Suite 600, Washington, DC 20036  
Email: [nextgeneration@academyhealth.org](mailto:nextgeneration@academyhealth.org)



**Questions? Call 202-292-6700 and ask for a membership representative.**

**AcademyHealth**