

Joseph D. Clancy, CPA, HFMA Scholarship Program

Background:

The Board of the Massachusetts-Rhode Island Chapter of the Healthcare Financial Management Association (HFMA) is honoring the lifetime service of Joseph D. Clancy, CPA, FHFMA by naming the Chapter's Scholarship Program after him. Joe served as Chapter President in 1961-1962 and he was the first person from the Massachusetts Chapter to be the HFMA National Chairman, 1967-1968. He was the recipient of the prestigious HFMA Frederick C. Morgan Award in 1972 which is awarded by the National HFMA for outstanding individual achievement.

It is fitting that the Scholarship Program be named for Joe because of the significant number of Northeastern University Cooperative education students that Joe mentored during his long tenure as Chief Financial Officer of Lynn Hospital in Massachusetts. Many of these students went on to distinguished hospital careers with a significant number progressing to a chief financial officer role.

What is the program?

The Joseph D. Clancy, CPA, FHFMA Scholarship Program includes two types of scholarships:

1. For Chapter Members who wish to continue their formal education in healthcare financial management.
2. For Chapter Members who seek assistance in covering the cost of study guide materials required to pursue completion of one of the HFMA certification programs.

The successful recipient will receive an award of the lesser of \$1,000 or the cost of a specific course (including course-related fees and books) less available employer tuition reimbursement for the course. or the cost of HFMA published study guide materials.

Who is eligible to participate?

Any Massachusetts-Rhode Island Chapter Member in good standing is eligible to apply for the applicable scholarship. Eligible recipients must be:

1. Enrolled in an accredited college or university's bachelors or master's program;
2. Registered in a course at an accredited college or university;
3. Enrolled in one of the HFMA certification programs and seeking funds to cover the costs of the national HFMA study guide.

Preference will be given to applicants concentrating in finance and accounting degrees. However applicants who are pursuing education in non-financial health care topics such as health care administration or public health are also encouraged to apply for the scholarship.



When is the scholarship awarded?

Applications must be received by the Scholarship Committee Chair by September 30th for Fall Semester Courses and January 31st for Spring Semester Courses. Summer courses are not eligible for the scholarship award at this time. Applications will be considered by the Scholarship Committee, which will base its recommendations for awards on availability of scholarship funds, the Member's service to the Chapter, potential benefit to be received by Member, financial need, and prior academic achievement. Scholarships are subject to final award approval by the Chapter Board of Directors.

What is the application and reimbursement process?

1. Candidates should complete and submit the Application Form provided below;
2. The application should include a written statement in item #8 below;
3. The application will be submitted to Amy Poole, Chapter Manager
4. Candidates will be notified of the final decision within 30-60 days of receipt of the application.

Payment will be made to award recipients upon final completion of course and demonstration of a grade of C or better and submission of a completed IRS form W-9. In the case of an advancement certification scholarship the payment will be made upon demonstration that the recipient passed the applicable exam.

Questions on this program should be directed to Amy Poole, Chapter Manager via e-mail to admin@ma-ri-hfma.org or telephone 781-647-4422.



**Joseph D. Clancy, CPA, FHFMA Scholarship
Application Form**

- Instructions:**
1. Complete application form & attach additional requested information/ materials.
 2. Submit completed package to: Amy Poole, via email admin@ma-ri-hfma.org or fax to 781-647-7222. **Electronic submissions are encouraged.**
 3. Deadline for submission: September 30th for fall semester courses & January 31st for spring semester courses.

Name: _____ :

Member ID: _____

Address: _____

Contact #: _____ Email: _____

1. Founders Award Points accumulated to date: _____

2. Name of Accredited College or University _____

3. Degree Concentration (e.g., BS Finance, BS Accounting, Masters in Management) _____

4. Name of Course to be Covered by Scholarship
(Attach copy of course description from course catalog) _____

5. Dates of Course (Semester Month/Year) _____

6. Cost of Course and Course-Related Fees/Books (Attach documentation of costs)	
Basic Course Fee	_____ \$
<i>Plus</i> Other Fees	_____ \$
<i>Plus</i> Books	_____ \$
<i>Less</i> Available Tuition Reimbursement from Employer	_____ \$
= Total Scholarship Request	_____ \$

7. Final Grade on Course Receiving Prior Scholarship Award (If Applicable) _____

8. Attach written description of:
- Prior service to Chapter and participation in Chapter activities
 - Benefit to be received by attending course – relevance to the health care field
 - Desire to further education and prior academic achievement
 - If applicable discussion of financial need – discuss whether candidate is not presently employed or if there are other issues relating to financial need.

Signature _____ Date: _____



**Joseph D. Clancy, CPA, FHFMA Scholarship
Award Submission Form**

INSTRUCTIONS:

- Complete, sign and date submission form.
- Attach required documentation including completed W9 form.
- Send to: Amy Poole, Chapter Manager, via email: admin@ma-ri-hfma.org or fax: 781-647-7222

Name of Applicant: _____
Address: _____

Name of College/University _____

Title of Course _____

Final Cost of Course:

	<u>\$ Amount</u>	<u>Documentation Required*</u>
Basic Course Fee	_____	Bursar's Office Receipt Documenting Payment AND Final Grade Report Showing "C" or Better
<i>Plus</i> Other Fees	_____	Receipt
<i>Plus</i> Books	_____	Receipt
<i>Less</i> Available Tuition Reimbursement from Employer	_____	
= Total Scholarship Request	_____	

* Please attach copy(ies) of listed documentation for costs up to award amount.

Signature _____
Date _____

A check in the amount of the scholarship award will be mailed to you at the address above within approximately 30 days of receiving the form and required attachments/documentation. Please call Amy Poole, Chapter Manager at (781) 647-4422 if you have any questions.