



Serving the Educational needs of
The Health Care Financial Industry

GENE GIORDANO SCHOLARSHIP AWARD GUIDELINES-2025

PURPOSE: To encourage and stimulate education of members and their respective Families.

To assist members with tuition fees for continuing education that is related to Financial Management that enables upward mobility in Health Care.

ELIGIBILITY: Eligibility for scholarship monies is limited to members in good standing, spouses and dependent children. Definition is as follows:

- A. Member – Eligible members are members who have been a paid Member of the Maryland Chapter for the past three (3) consecutive years.
- B. Spouse – Eligible spouse is defined as a spouse of a member in good Standing whom meets the above criteria.
- C. Dependent – Eligible dependent is defined as a dependent student under the age of 22 of an eligible member who meets the criteria above.

All individuals making this application for scholarship monies must be currently attending or seeking application for attendance to an accredited college or university.

TIMING: Application may be made once within a calendar year.

SELECTION

COMMITTEE: Composed of the Carlton Bennett Committee.

Your application will not be considered unless you attach it to an explanation of the course you are enrolling in, the name and address of the college or university and its location, the cost of the course/courses and the date of commencement and the date of the completion.

Additionally, you must also attach a brief dissertation on how you perceive your selection of courses enhancing your future career in health care financial management and how it further your own self-improvement process.



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THE GENE GIORDANO SCHOLARSHIP AWARD FUND
APPLICATION FOR TUITION FORM-2025

The Gene Giordano Scholarship Award Fund was established in honor of one of the Maryland Chapter's founding members. It was established to encourage and stimulate continuing education for chapter members and their respective families.

To be eligible, you must have been a member in good standing for three (3) consecutive years or be a spouse or dependent of a member meeting the "member in good standing" criteria.

MEMBER APPLICANT

Are you now a member of the Maryland Chapter? Yes _____ No _____

Have you been a paid member for the past three years? Yes _____ No _____

SPOUSE/DEPENDENT APPLICANT

Who is the sponsoring member? _____

Is that person presently a paid member of the Maryland Chapter? Yes _____ No _____

Has he/she been a member in good standing for the past three years? Yes _____ No _____

If you answered all the questions above yes, you are eligible to make application for the scholarship.

STUDENT/APPLICATION INFORMATION

SSN: _____

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

EMPLOYER (IF SPOUSES OR DEPENDENT, THE MEMBER'S EMPLOYER):

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____

IMMEDIATE SUPERVISOR'S NAME: _____



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COMPETITION GUIDELINES FOR APPLICATIONS 2025:

A formal letter shall be addressed to the scholarship committee that includes the following information:

- A. Course selection.
- B. College or university to include name, address and location.
- C. Cost of course/courses and any employer contributions.
- D. A brief dissertation on how the application perceives their selection of the course/courses will enhance their future career in health care financial management and how it will further their own self-improvement process.
- E. The letter is to be typed.

JUDGING OF THE ENTRIES:

- A. Content – Includes composition, completeness of thought and applicability of course selection to the stated purpose of the scholarship.
- B. Grammar – Includes spelling, punctuation and the proper use of words.
- C. Legibility – Must be typed legibly.
- D. Must be submitted in 8 ½ by 11” sheet of paper.

Send completed entry to:
Jackie Truelove
jaclyntruelove@gmail.com

Deadline for Submission: 7/31/2025