**Ohio Rural Health Association Scholarship Program**

**Purpose:**

To promote professional development and training of individuals who contribute to the mission and vision of ORHA.

**Eligibility:**

Must be a current member of ORHA.

Not a member? Go to [www.ohioruralhealth.org](http://www.ohioruralhealth.org) and join today!

Students are eligible.

Training, seminar, conference, or education must relate to rural healthcare.

**Requirements:**

Application must include an outline of content and an itemized statement of fees.

Proof of payment and proof of attendance are to be submitted to the ORHA Board within 30 days of attendance. The ORHA Board with then reimburse approved expenses. All receipts must be turned in by 90 days after award announcement for eligible reimbursement.

Agreement to have names, experiences, and/or photos utilized in ORHA publications.

**Awarded Amounts:**

Up to $500.00 will be reimbursed per applicant. Funds may be used for accommodations, travel expenses (mileage and airfare), and registration fees.

Applications will be reviewed by the ORHA Board, and applicants will be notified via email. All award decisions of the board are final.

Approved applicants will be notified two weeks after application submission.

For Questions Contact:

Rosanna Scott, Program Manager at [programmanager@ohioruralhealth.org](mailto:programmanager@ohioruralhealth.org). Please submit a completed application to [programmanager@ohioruralhealth.org](mailto:programmanager@ohioruralhealth.org) for consideration. Thank you!

**Ohio Rural Health Association Scholarship Application**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position/Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full time: \_\_\_\_\_Part time:\_\_\_\_\_\_**

**Years of Service in Rural Health: \_\_\_\_\_\_\_\_\_\_\_\_**

**ORHA Member as of:\_\_\_\_\_\_\_\_\_\_\_ Committee Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Education/Seminar/Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When/Where:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How will the training promote your professional development?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If providing CE units, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How will this educational opportunity benefit rural healthcare or the Ohio Rural Health Association?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Cost of Training** | **Accommodations** | **Transportation (includes mileage)** | **Funds Requested from ORHA** | **Funds Requested from Other Parties** | **Personal Cost** |
|  |  |  |  |  |  |  |

**Please provide the estimates. Cost may exceed $500, however reimbursement is limited to $500.**

**After attending, you will be asked to submit a brief summary of your experience, and how you plan to use the knowledge gained to benefit rural healthcare in Ohio.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*Any awardees agree to have their names, experiences, and/or photo used in ORHA publications.*