**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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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.*

**Request for Reimbursement**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make check payable to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\*If your employer paid for your training, we will reimburse them.

Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Reimbursement Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conference / Event Registration Reimbursement**Please attach a receipt and certificate or proof of attendance / completion.

**Total Conference / Event Registration Reimbursement:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Travel / Mileage Reimbursement**   
Amount requested for flight / train / public transportation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested for mileage reimbursement: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\*Mileage is paid at current IRS mileage rate. (Map the distance from the start point to the location you drove to and include the printout.)

**\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_** Miles IRS Rate Total

**Meal Reimbursement:**  
Meals will be reimbursed with an itemized receipt attached. Alcohol will not be reimbursed. Tips more than 20% will not be reimbursed.

Breakfasts\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($10 max each meal)  
Lunches\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($15 max each meal)  
Dinners\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($25 max each meal)

**Total Meal Reimbursement: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lodging Reimbursement:**Lodging will be reimbursed with an itemized receipt attached at a nightly rate not to exceed $250 unless authorized prior to travel. Lodging will be covered for one night prior or one night after conference / event if needed for travel purposes.

**Total Lodging Reimbursement: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Reimbursement: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Please provide receipts and details)

Receipts verified by treasurer\_\_\_\_\_\_\_\_\_\_\_\_\_   
Check issued, # \_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please write a short description of what you learned and how this will benefit rural health in Ohio:**

**Please attach the following:**

* Legible receipts to verify above expenses
* Poof of attendance at conference / course
* Proof of successful completion of any certification course (if applicable)

**Funding Restrictions -** ORHA will not reimburse for the following:

* Alcohol, tobacco or drugs
* Snacks or personal items
* Additional baggage fees for flights
* Meals in excess of $10 for breakfast, $15 for lunch and $25 for dinner
* Tips in excess of 20%
* Hotels in excess of $250 per night
* Late registration fees
* Meals for family or friends
* Any amount in excess of Scholarship Award Amount, unless additional funds are available and committee approves.
* ORHA will only reimburse recipients once they show proof of attendance or successful completion of course.