

This document is intended as a reference as you prepare your application. It includes all of the questions that will be asked in the online application so you may plan your responses. **You need to complete the full online application before exiting or your progress will be lost.** Please be sure to submit your application and attachments (if applicable) [online](#).

Applications are due by June 12.

Questions? Contact Christina Miller-Foster, senior director, Quality Advocacy, Research and Innovation, at cfoster@hanys.org or 518.431.7748.

Application Questions

1. Applicant information

Full name, credentials:* [\[text fields\]](#)

Telephone:* [\[text field\]](#)

Email:* [\[text field\]](#)

Mailing address (street, city, state and ZIP):*
[\[text fields\]](#)

2. Do you identify with an underrepresented group in healthcare leadership?* [\[Yes/No\]](#)

3. If you answered “Yes” to question 2, please check all that apply:

- Race
- National origin
- Sexual orientation
- Gender identity or expression
- Age
- Sex
- Marital status
- Military and veteran status
- Other (please specify): [\[comment box\]](#)

Note: Any information provided will be kept confidential and shared with selection committee members only.

4. Are you a full-time employee at a HANYYS member organization?* [\[Yes/No\]](#)

If you answered yes to question 4, continue with these questions.

If you answered no, you are not eligible and your application ends here.

* REQUIRED QUESTION

5. Please select your current employer from the list below. (Full list available in the online application)*
6. Current job title:* [text field]
7. Years of healthcare experience:*
 - Less than 1 year
 - 1 year to less than 3 years
 - 3 years to less than 5 years
 - 5 years or more
8. How would this scholarship help you achieve your short- and/or long-term career goals?*[comment box]
9. Scholarship recipients are required to complete the entire training program. If awarded, are you able to commit to this entire training program?*[Yes/No]

If you answered yes to question 9, continue with these questions.

If you answered no, you are not eligible and your application ends here.

10. Is there any other information you would like the committee members to consider when making their selection?*[Yes/No]

If yes, please share it here: [comment box]

11. **Personal essay***: To be considered for a scholarship, you must include a personal statement/essay of up to 500 words. In your essay, please describe your personal commitment to health equity, relevant past work in this area, how your participation would contribute to your career goals and how you intend to apply what you learn to improve health equity. [comment box]

12. **Letter of recommendation*** [Required only if applying for Leadership Academy scholarship]: To be considered for a scholarship for *The Academy for Healthcare Leadership Advancement*, you must upload a letter of recommendation from your supervisor or a member of your organization's leadership team. [file upload: PDF and Word doc/docx accepted, 16MB limit]

13. Attestation:* All information provided in this application is true and correct. [Yes/No]

**Thank you for applying for a HANYS Leadership Development Scholarship.
Recipients will be notified via email in the summer.**