



# TEXAS HEALTHCARE TRUSTEES

## TEXAS HEALTHCARE TRUSTEES

### 2012 SCHOLARSHIP APPLICATION CONTINUING EDUCATION

Mail Application to:  
Texas Healthcare Trustees  
P.O. Box 679010  
Austin, TX 78767-9010

Overnight Deliveries:  
1108 Lavaca  
Ste. 700  
Austin, TX 78701

Phone: 512/465-1013  
Fax: 512/692-2556  
E-mail: [tht@tha.org](mailto:tht@tha.org)  
Web: [www.tht.org](http://www.tht.org)

Application Deadline: August 31, 2012

## GUIDELINES FOR SUBMITTING APPLICATION

The Texas Healthcare Trustees' educational scholarship program aids trustee education by providing THT members with free registration and assistance with travel expenses (up to \$250) for THT education. Assistance is based on financial need. Applicants must certify that, due to financial constraints, it would be difficult or impossible for the applicant trustee to attend without such assistance. Take advantage of this offer to enhance the education of your board. Simply have your Administrator/CEO submit the application with your registration form, and you will be notified of its status within two weeks.

1. Scholarships are limited to two annually per member hospital.
2. Complete application and obtain required signatures.
3. Submit application within at least two weeks prior to education event date.
4. Eligible applications are reviewed and accepted on a first-come, first-served basis.
5. Submit a separate application for each trustee.
6. If accepted, send (by e-mail, fax or mail) copies of all receipts within 30 days of completion of education event.
- 7. THT will reimburse the trustee with a check sent via mail.**

## CONTACT INFORMATION

For more information please contact THT.

512/465-1013

[tht@tha.org](mailto:tht@tha.org)

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Austin, TX 78767-9010

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Austin, TX 78701

# TEXAS HEALTHCARE TRUSTEES 2012 SCHOLARSHIP APPLICATION

## Trustee's Contact Information

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

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Hospital Information

Administrator/CEO Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Education Event:** \_\_\_\_\_

I hereby apply for participation in the Texas Healthcare Trustees Educational Scholarship Program. I understand that, if approved, the above registrant will receive a complimentary registration to the education event, plus reimbursement of documented travel expenses, up to a total of \$250. Scholarships are limited to two annually per member hospital.

\_\_\_\_\_  
Administrator/CEO Signature

\_\_\_\_\_  
Date

*DO NOT send payment with scholarship application.*

*DO NOT register prior to sending in application.*

**Mail your application to:**  
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Austin, TX 78767-9010

**For More Information:**  
512/465-1013  
tht@tha.org