

ACAP Scholarship Program 2020

Purpose: The Association for Community Affiliated Plans (ACAP) established a scholarship to provide financial assistance to an enrollee or family member of an ACAP health plan member who seeks higher education to pursue a career in health care or social services.

Award Component: One \$5,000 scholarship will be awarded to one enrollee at an ACAP health plan selected by the ACAP Scholarship Program Selection Committee. Monies will be sent directly to the higher education institution of the awardee's choice to be applied to tuition costs. The scholarship is awarded principally on the basis of the quality of responses to essay questions, the strength of the applicant's expression of interest in pursuing a career in the health care or social service sectors, and a letter of recommendation. The winner will be notified in late December 2020. The scholarship must be applied towards an academic term that commences no later than January 30, 2022.

Criteria:

1. Applicant must be a current enrollee or an immediate family member of a current enrollee at Priority Partners Managed Care Organization (Priority Partners).
2. Applicant must demonstrate intention to pursue a career in health care or social services.
3. Applicant must be enrolled at or applying to a higher education institution (any accredited university, college, technical or vocational school) and enrolled within one year of the application date.
4. Applicant must not have been a previous winner of the ACAP Scholarship Program. There are no limits on the number of times that applicants can reapply for the scholarship, but they may only be awarded the scholarship once.

The due date for applications and all supporting documents is December 1, 2020.

Each application must contain the following:

1. Application Form
2. Transcript of your grades (high school/GED or transcript from higher education institution).
>> **NOTE: Unofficial copies are acceptable for the application;** however, you will be required to furnish an official transcript if selected for the award.
3. One letter of recommendation from a non-relative teacher, guidance counselor, employer, or other appropriate community member
4. Responses to personal essays
5. Signed confidentiality and release waiver and accuracy statement

Mail or email application and materials to:

Priority Partners Administration
Attn: Patricia Thomas
7201 Parkway Dr.
Hanover, MD 21076
PThomas@jhhc.com



About ACAP: ACAP represents 68 not-for-profit Safety Net Health Plan organizations, which collectively serve more than twenty million people enrolled in Medicaid, Medicare, the Children’s Health Insurance Program (CHIP), Marketplaces, and other health programs. For more information, visit www.communityplans.net.

ACAP Scholarship Program Application

| PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS. | | | | | | | | | | | | |
|--|--|--|--------------|---------------------|----------------|--|--|--|--|--|--|--|
| 1. | Name (<i>First, MI, Last</i>): _____ | | | | | | | | | | | |
| 2. | Street Address: _____ City: _____ State: _____ ZIP: _____ | | | | | | | | | | | |
| 3. | Telephone Number: () _____ | 4. | Email: _____ | | | | | | | | | |
| 5. | Date of Birth (mm/dd/yyyy): _____ | | | | | | | | | | | |
| 6. | <p>Are you an enrollee or family member of an enrollee at Priority Partners?</p> <p><input type="checkbox"/> I am an enrollee. <input type="checkbox"/> A family member, _____, is an enrollee.</p> <p style="text-align: center;">Relationship to me: _____</p> | | | | | | | | | | | |
| 7. | <p>If you are under 18, please provide the name and address of parent(s) or legal guardian(s):</p> <p>Parent(s) or Guardian(s): _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Phone: _____ Email: _____</p> | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | | |
| 8. | <p>High school: _____ City, State: _____</p> <p>Year of Graduation: _____ <input type="checkbox"/> I hold a GED instead of a high school diploma.</p> <p>Describe any additional education you may have received below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Name of Institution</th> <th style="width: 35%;">Dates Attended</th> <th style="width: 30%;">Year Graduation and Degree (if applicable)</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | Name of Institution | Dates Attended | Year Graduation and Degree (if applicable) | | | | | | |
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9. Please indicate whether you are currently enrolled in, have been accepted to, or have applied to a higher education institution. Include the name of the school.

Enrolled Name of higher education institution: _____
 Accepted Name of higher education institution: _____
 Applied Name of higher education institution: _____

Proof of acceptance or current student enrollment from the school is required prior to receipt of funds. For example, applicant will be asked to provide a copy of the letter of acceptance from the higher education institution, a transcript if currently enrolled, or similar documentation.

10. What specialty/major are you pursuing, or plan to pursue, in your education?

11. List and briefly describe any work experience you may have.

| <i>Position</i> | <i>Employer</i> | <i>Dates of Employment</i> | <i>Duties</i> |
|-----------------|-----------------|----------------------------|---------------|
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12. List any academic honors or awards you have received.

13. Briefly list community-related activities or hobbies that you have been involved in through your school, church, or other organization.



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ESSAY QUESTIONS

Please answer the following questions. **Each response should be 650 words or less.** Please submit your responses on separate paper (or in a separate document) and attach to this application.

1. How have you benefited from the medical care, services and/or supports that have been provided by Priority Partners? (This can be from medical care you may have received from your doctor, nurse, or other medical professional and/or any contact or experience you have had with Priority Partners.
2. How will your studies further your career in the health care and/or human/social services fields?
3. Why are you a good candidate to receive this award?

CONFIDENTIALITY WAIVER, ESSAY RELEASE AND STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby give Priority Partners permission to release any information provided by me in this application to the Association for Community Affiliated Plans and the ACAP Scholarship Program Selection Committee.

I hereby grant Priority Partners and the Association for Community Affiliated Plans permission to use the essay responses provided by me in this application for all purposes and in perpetuity. I waive the right to inspect or approve versions of the essay responses.

I hereby understand that if chosen as a scholarship winner, according to Association for Community Affiliated Plans Scholarship Program policy, I must provide evidence of enrollment/registration at the education institution of my choice before scholarship funds can be awarded.

I hereby understand that if chosen as a scholarship winner, according to Association for Community Affiliated Plans Scholarship Program policy, I will agree to provide a photo that ACAP can use to identify me as the winner in its announcement and any such publicity materials related to the scholarship.

Signature of scholarship applicant: _____ Date: _____

REMINDER

All applications must be received by **December 1, 2020** to be considered.