

## **VIRGINIA ASSOCIATION OF HEALTH AND MEDICAL SCIENCES EDUCATORS FACULTY SCHOLARSHIP PROGRAM**

The Virginia Association of Health and Medical Sciences Educators Association (VAHAMSEA) provides merit awards to qualified faculty members teaching in a Virginia Department of Education (VDOE) or Virginia Board of Nursing (VBON) approved program and holding paid membership in VAHAMSEA. The program is sponsored and managed by VAHAMSEA through its Executive Board and Operating Committees.

[Click here](#) for the Scholarship Application

### **ADMINISTRATION**

The Scholarship Program is administered by the Executive Board through committee appointment. The Scholarship Committee shall consist of a Chairperson appointed by the Executive Board and a minimum of two members of the Executive Board representing at least two Regions. The Scholarship Committee will present findings to the Executive Board, who will determine awards. All applications will be held in strict confidence. One scholarship will be awarded to a VAHAMSEA teacher who has been in academia less than five (5) years and will be known as the New Teacher Scholarship and one scholarship will be awarded to a VAHAMSEA teacher who has been in academia more than five (5) years and will be known as the Established Teacher Scholarship. At minimum, applications will be distributed to the membership with the VDOE mailings regarding annual Summer Conference and New Teacher Institute and will also be distributed with the annual award forms. These mailings may coincide.

### **PURPOSE**

The VAHAMSEA Scholarship Program is designed to:

- Recognize and promote excellence among its membership.
- Enhance the credentials of VAHAMSEA Educators teaching in VDOE and/or VBON approved programs.
- Provide financial support for professional development for recipient members who are currently enrolled in, or have been accepted into, an accredited program of learning leading to a degree in a field of Medical Science or Education.

### **ELIGIBILITY CRITERIA**

#### **Established Teacher Scholarship**

Awards are based on the following criteria:

1. Commitment to VAHAMSEA as evidenced by paid dues and participation in VAHAMSEA activities for a minimum of five (5) consecutive years.
2. Letter of recommendation for scholarship by the immediate supervisor. The letter shall address the number of years of consecutive employment in academia and the

- likelihood for continued employment. This letter shall be received by the scholarship committee in a sealed and signed envelope.
3. Provide a copy of the most current unofficial transcript as evidence of enrollment, or acceptance in, an accredited Medical Science and/or Education program leading to a degree.
  4. Current Resume or Curriculum Vitae.
  5. Documentation of teaching ability as evidenced by a letter of recommendation from a current or former student. This letter shall be received by the Scholarship Committee in a sealed and signed envelope.
  6. Signed statement agreeing to refund the award for failure to continue employment for a period of two (2) years following the scholarship award.

## **NEW TEACHER SCHOLARSHIP**

Awards are based on the following criteria:

1. Commitment to VAHAMSEA as evidenced by paid dues and participation in VAHAMSEA activities for less than five (5) years.
2. Letter of recommendation for scholarship by the immediate supervisor. The letter shall address the number of years of consecutive employment in academia and the likelihood for continued employment. This letter shall be received by the Scholarship Committee in a sealed and signed envelope.
3. Provide a copy of the most current unofficial transcript as evidence of enrollment, or acceptance in, an accredited Medical Science and/or Education program leading to a degree.
4. Current Resume or Curriculum Vitae.
5. Documentation of teaching ability as evidenced by letter of recommendation from a current or former student. This letter shall be received by the Scholarship Committee in a sealed and signed envelope.
6. Signed statement agreeing to refund award for failure to continue employment for a period of three (3) years following the scholarship award.

## **SELECTION PROCESS**

All completed applications filed on or before the due date will be reviewed and evaluated by the Scholarship Committee. Applications will be ranked in order of merit with the highest rank receiving the award. Financial need will be considered only when all other factors are equal. Individuals who do not include financial information cannot be ranked according to financial need. Overall ranking being equal, the award will be granted to the applicant with the greatest financial need. Awards will be announced in conjunction with the annual Summer Conference at the Awards Banquet and/or the Annual Meeting.

## **APPLICATOIN PROCEDURE**

All applicants are to:

1. Secure an application from VAHAMSEA.
2. Complete the application form following the directions given.
3. Follow Eligibility Criteria for desired award.
4. All official documentation must be sealed and signed on the envelope seal by the certifying official.
5. Place all items, including official documentation and sealed reference letters, together in one mailing container.
6. Mail to the address given on the form in time to arrive on or before the due date listed on the form.

[Click here](#) for the Scholarship Application

**VIRGINIA HEALTH AND MEDICAL SCIENCES EDUCATORS ASSOCIATION FACULTY  
SCHOLARSHIP APPLICATION**

Directions: Print or type, fill out form completely. If an item does not apply, please put N/A for non-applicable in that space. Please answer questions marked with "YES/NO."

Year: 20\_\_\_\_

I am applying for: **Established Teacher Scholarship:** YES/NO **New Teacher:** YES/NO

Name: \_\_\_\_\_  
                    Last                                    First                                    Middle                                    Initial

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Work: (    ) \_\_\_\_\_ Home: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

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

Name of school where you work: \_\_\_\_\_

Your position title: \_\_\_\_\_

What subjects within Health Sciences do you teach?  
\_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Number of years in current position? \_\_\_\_\_

Have you held a similar position in another school district? If so, briefly describe this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VAHAMSEA Member: YES/NO If YES, Number of years: \_\_\_\_\_

Describe your participation in VAHAMSEA activities, including those at the Regional level: \_\_\_\_\_  
\_\_\_\_\_

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Describe innovative approaches you have implemented in the classroom to create an effective and impactful learning environment: \_\_\_\_\_

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Should you wish financial need to be considered, include an estimated budget (expenses) for the year in which you are seeking assistance. ***Please attach your budget as a document to the application.***

Degree you are seeking \_\_\_\_\_

College or University you are attending: \_\_\_\_\_

Have you been officially accepted? \_\_\_\_\_

Have you been awarded any other scholarships for the year for which you are applying? YES/NO

If yes, please provide the name of the scholarship, the amount awarded, and the year of the award:

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**Application Due On or Before June 13** of the application year – must be postmarked or delivered to the address below by this date.

Send completed applications to:  
Deborah W. Wright, RN  
Rockbridge County High School  
143 Greenhouse Road  
Lexington, VA 24450  
(540) 463-5555, Ext. 3314  
[deborah\\_wright@rockbridge.k12.va.us](mailto:deborah_wright@rockbridge.k12.va.us)

**Application Certification:**

I certify that the information on this application is accurate. I agree to allow the VAHAMSEA Scholarship Committee to contact individuals providing letters of recommendation or support if additional information is needed. I understand that if a scholarship is awarded, the funds awarded will be sent directly to the College or University.

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

Signature: \_\_\_\_\_

**\*\*For Established Teacher Scholarship\*\***

I intend to retain my position as a VAHAMSEA Educator within Virginia for a **minimum of two (2) years** following the scholarship award.

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

Signature: \_\_\_\_\_

**\*\*For New Teacher Scholarship\*\***

I intend to retain my position as a VAHAMSEA Educator within Virginia for a **minimum of three (3) years** following the scholarship award.

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

Signature: \_\_\_\_\_