



association
of
clinicians for the
underserved

Date : _____

ACU Kaiser Permanente Endowment Fund Scholarship Application Form

1. Please enter IHI Program for consideration (use exact title from IHI)

(Please Type or Print responses clearly.)

2. ACU Membership Number (Required): _____

Check which ACU membership applies:

___ Regular or Associate Member

___ Clinician in Clinic Member

Name of Clinic: _____

___ Clinician in Organization Member

Name of Organization: _____

3. Name of Applicant: _____

4. Address: _____

5. City: _____ State: _____ Zip Code: _____

6. Applicant's Position: _____

7. Applicant's Health Discipline: _____

8. Employer, if not ACU Clinic or Organization member: _____

9. Phone: _____ Fax: _____ Email: _____

10. Reason for Requesting Scholarship:

Please continue on next page.

11. Have you attended any other IHI seminars or training programs?

No

Yes, please describe:

12. How do you anticipate being able to apply the knowledge gained as a result of participating in this IHI professional development?

13. Briefly describe the type of safety net organization in which you work.

14. Approved by CEO, Executive Director or Designee

Yes

No

By selecting "Yes", you confirm that your organization's CEO, Executive Director or designee has approved this application.

15. Name and Title of CEO, Executive Director or Designee:

16. Phone Number of the Above Mentioned Individual:

17. By submitting this application to ACU, I understand that Kaiser Permanente's Community Benefit, National Program Office, will do final selection of scholarship recipients and my selection will be confirmed by IHI. My employer and/or I will be responsible for the costs for all travel expenses and incidental costs relating to participation in IHI activities not supported by the Endowment Scholarship.

Please mark box below.

_____ I have read and accept the statement above. _____
date

Please return this completed application to Kathie Westpheling at kathiew@clinicians.org at least 45 days before the program requested.