



Louisiana Association of Health Plans
450 Laurel St., Suite 1850
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LAHP Gil Dupré Graduate Student Scholarship

Overview

The Louisiana Association of Health Plans is pleased to sponsor the LAHP Gil Dupré Graduate Student Scholarship. LAHP established this scholarship as a community service to promote careers in the health benefits industry. One or more scholarships are awarded annually to Louisiana students who have demonstrated strong promise of leadership in the health care profession, along with significant community involvement. The award is named for LAHP's founder and long-time chief executive officer who retired in 2012 after a 41-year-career in the health benefits industry.

Description

The LAHP Gil Dupré Graduate Student Scholarship is designated for students enrolled in their final year of a graduate management program. One or more scholarships ranging from \$2,500 to \$10,000 are awarded each academic year. Candidates may be interviewed as part of the selection process. Awardees are selected by a panel of executives representing leading Louisiana health benefits organizations.

Eligibility Requirements

You are eligible to apply for the LAHP Graduate Student Scholarship if you meet all of the following criteria:

- You are a student who is enrolled in full-time study for the upcoming term, which begins your final year of didactic work in a Louisiana graduate management program recognized by LAHP.
- You have at least a 3.0 cumulative undergraduate grade-point average (GPA) and at least a 3.0 cumulative first-year graduate GPA.
- You can demonstrate financial need.
- You are a U.S. citizen.
- You have not been a previous recipient of this scholarship.

When to Apply

Applications for the 2017 LAHP Gil Dupré Graduate Student Scholarship will be accepted through November 7, 2016. The student(s) selected to receive the scholarship will be notified by November 18, 2016, and the scholarship will be formally awarded at the LAHP Annual Meeting in New Orleans on December 1, 2016. The scholarship recipient is expected to appear at the Annual Meeting to receive the award.

Application Form and Instructions

The application form and instructions may be found on the following pages.



Gil Dupré Graduate Student Scholarship Application

The goals of the LAHP Gil Dupré Graduate Student Scholarship program are to provide financial aid, to increase enrollment in health care graduate programs in Louisiana, and to encourage students to obtain positions in middle and upper levels of management in health benefits organizations. Applicants must be full-time students entering the final year of didactic work in a graduate program to be eligible for this scholarship and are subject to other eligibility requirements.

To apply, submit the following materials:

- 1. Completed LAHP Scholarship Application
- 2. Current curriculum vitae or resume
- 3. Official undergraduate and graduate transcripts
- 4. Three letters of recommendation
- 5. Application essay

EXCEPTIONS

Because the Executive Master of Healthcare Management and the Executive Master of Business Administration programs at the University of New Orleans are only 15 months in length, LAHP understands students may not have access to graduate transcripts. In this case, LAHP will accept as a substitute two letters from graduate school faculty that testify to the applicant's academic achievement. Such letters may not be from the same sources as the letters of recommendation. Furthermore, LAHP recognizes that reporting of tuition and other fees may not be done on an annual basis, as specified in the scholarship application. Students in these programs may report this financial information according to the 15-month span of the program. Please indicate on the application if the financial reporting is based on this exception.

Please type or print in black or blue ink.

A. Personal Information

NAME

FIRST

MIDDLE

LAST

E-MAIL

□ □ □ - □ □ - □ □ □ □

SOCIAL SECURITY NUMBER

Current Mailing Address:

□ □ □ - □ □ □ - □ □ □ □

PHONE NUMBER

STREET

CITY

STATE

ZIP

Permanent Mailing Address (if different from above):

□ □ □ - □ □ □ - □ □ □ □

PHONE NUMBER

STREET

CITY

STATE

ZIP

If you are selected as the award recipient, which address do you prefer we use to notify you?

- Current Mailing Address Permanent Mailing Address

University Information:

NAME OF UNIVERSITY

DEGREE/PROGRAM

ESTIMATED GRADUATION DATE (FINAL YEAR OF CLASSROOM WORK)

CURRENT GRADUATE GPA

UNDERGRADUATE GPA

Eligibility Verification: I verify that I am a U.S. citizen and that I am enrolled in full-time study for the upcoming term.

- Race or Ethnic Group:* Black (not of Hispanic origin) Alaskan Native American Indian
 Asian or Pacific Islander Hispanic White (not of Hispanic origin)

*Optional. For data purposes only.

B. References

Letters of recommendation must be from your university program director as well as two professional colleagues or instructors. Be sure to select individuals who are acquainted with your abilities and performance. Please list your references below and include the letters of recommendation from each reference with your completed application.

Program Director:

1.

NAME	TITLE		
ORGANIZATION	UNIVERSITY PHONE		
STREET	CITY	STATE	ZIP

Professional Colleagues/Instructors:

2.

NAME	TITLE		
ORGANIZATION	BUSINESS PHONE		
STREET	CITY	STATE	ZIP

3.

NAME	TITLE		
ORGANIZATION	BUSINESS PHONE		
STREET	CITY	STATE	ZIP

C. Annual Financial Information

LAHP evaluates financial need based on the applicant's ability to contribute to his or her education. The dollar amount recorded on each line should be representative of the **2016-2017** academic year. **If you are married, report your spouse's assets, income, and expenses as well.**

Please provide the following information when applicable. If there is additional information that you would like to provide, please use a separate sheet.

Dependents

Please indicate your number of dependents, including yourself: _____

Assets

As of today, what is your (and your spouse's) total current balance of cash, checking, and savings accounts? \$ _____

Revenue

1. What is your (and your spouse's) total annual gross income? \$ _____

2. If you (or your spouse) receive taxable earnings from federal work-study or other need-based work programs, what amount will you receive during the **2016-2017** academic year? \$ _____

3. If you (or your spouse) receive student grants, scholarships, and/or fellowship aid, what amount will you receive during the **2016-2017** academic year? \$ _____

Please itemize below and place the total on the line provided.

4. If you (or your spouse) receive veterans education benefits, what amount will you receive during the **2016-2017** academic year? \$ _____

5. If you (or your spouse) receive other sources of assistance (e.g., parent contributions), what amount will you receive during the **2016-2017** academic year? \$ _____

Total Revenue (add lines 1-5) \$ _____

Expenses

1. Rent/mortgage (annual) \$ _____

2. Tuition, fees, and books (annual) \$ _____

3. Other annual expenses (e.g., car/loan payments, utilities, groceries, etc.) \$ _____

Please itemize below and place the total on the line provided.

Total Expenses (add lines 1-3) \$ _____

Total Outstanding Loan Obligations

As of today, what are your (and your spouse's) total loan obligations? \$ _____

Please itemize below and place the total on the line provided.

School-related: _____

Other: _____

D. Essay

Please provide a one- to two-page double-spaced typed essay (maximum 800 words) describing your leadership abilities and experiences, your community/volunteer involvement, and your goals as a health care executive, including your interest in a career in the health benefits industry. In addition, explain how this scholarship can help you achieve your career goals.

E. Statement of Integrity

I hereby acknowledge that all of the information given in this application is true.

SIGNATURE

DATE

Please return your completed application and accompanying materials to:

LAHP Graduate Student Scholarship Committee
Louisiana Association of Health Plans
450 Laurel St., Suite 1850
Baton Rouge, LA 70801
E-mail: jford@lahp.net

All materials, including recommendations, must be postmarked no later than November 7, 2016, to be eligible. Incomplete applications will not be considered. The award recipient will be notified no later than November 18, 2016. If you have any questions, please call LAHP at (225) 378-3205 or e-mail John Ford at jford@lahp.net.

Please be certain that the following materials are included in your application packet:

- Completed scholarship application Current curriculum vitae or resume Application essay
 Official undergraduate and graduate transcripts Three letters of recommendation