



## **Mel Leaman Scholarship for Member Professional Development**

The Virginia Association of Free & Charitable Clinics is pleased to offer scholarship funds due to the generosity of our Board of Directors' gifts to the Mel Leaman Scholarship Fund. Scholarships are available to full clinic members in good standing with the VAFCC.

Available scholarships include, but are not limited to:

- ✓ CME or CEU programs
- ✓ Resource Development
- ✓ Board Development
- ✓ Community-based trainings (i.e. United Way workshops)
- ✓ Outcome measurement/data collection
- ✓ VAFCC Events (ED and Annual Conferences)
- ✓ NAFCC Annual Symposium
- ✓ New concepts in clinical care
- ✓ Pharm Tech certification/training (VAFCC will not pay for license fees for licensed health care providers)
- ✓ **Anything** that directly impacts a clinic's ability to enhance patient care and/or staff/volunteer professional development

### **Scholarship Guidelines:**

- Scholarships are limited to funding availability. One application per clinic at a time so that we might share our limited funds with more clinics; multiple requests from a single clinic will be considered if funds are available.
- All scholarship recipients must be a volunteer or staff member at a VAFCC full clinic member in good standing.
- Scholarships may be transferred to another volunteer or staff member within the clinic at the discretion of the clinic executive director.
- Only one scholarship will be awarded per full clinic member for either a VAFCC or NAFCC event.
- Scholarship recipients will be determined through a review process conducted by VAFCC staff.
- Applications must be submitted in ADVANCE of the activity/event/workshop, etc. Retroactive applications are not considered.
- Scholarship awards will take the form of reimbursements, sent following full payment by the applicant of the activity/event/workshop, etc.

***Questions? Please contact VAFCC at #804-340-3434***  
**Missing information will disqualify the application**

## VAFCC Scholarship Application Form

***Please Type Responses***

Applicant Name	
Applicant Position at Clinic (volunteer or staff title)	
Name, Date & Location of Workshop/Training/Conference	
Cost of Workshop/Training, etc. and Amount of Scholarship Requested	
Clinic Name	
Clinic Address, City, State, Zip	
Applicant Phone & Email	
Organization's Current FY Operating Budget	

***Please type all response to the following questions – maximum 325 words per answer.***

- Why is attending the professional development training important to you and your organization? Please give a brief explanation of the workshop/training including date(s) and location.
- Please indicate if you have ever participated in a VAFCC Conference or NAFCC Symposium if the scholarship is for one of these meetings.

**By applying for this scholarship, I certify that the information provided is true and correct as of the date submitted. If awarded a scholarship, I/we also agree to ALL of the below terms put in place by the VAFCC:**

- Our representative will attend the designated conference/meeting/workshop and will not depart until after the adjournment of the event.
- If I/we fail to attend or stay for the entirety, I/we will reimburse the VAFCC for the full scholarship amount.
- I/we acknowledge that the scholarship award amount may not cover full costs but only partial costs.
- I/we will provide the VAFCC quotes and photograph of scholarship activity and allow the VAFCC to use in promotional/marketing materials of this scholarship fund.

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Date

Email completed application form to [abradshaw@vafreeclinics.org](mailto:abradshaw@vafreeclinics.org).  
You can also fax application to 804-340-3435 to Amy Bradshaw's attention.