



# **National Association of Health Services Executives**

Empowering The **Next Generation** Of Health Care Leaders Today

## **The Detroit Chapter of the National Association of Health Services Executives**

### **2025-2026 Scholarship Application**

## **Detroit Chapter National Association of Health Services Executives**

The primary purpose of the Detroit Chapter of the National Association of Health Services Executives Scholarship Program is to promote the advancement and development of African-American healthcare leaders and to elevate the quality of healthcare services rendered to underserved communities. **Two (2) \$500.00** scholarships will be awarded to undergraduate or graduate students who meet the following criteria for the 2025 - 2026 academic school year.

### **I. GUIDELINES:**

- a. Applicants must be either enrolled in or accepted to an accredited college or university program pursuing a Bachelor or Master Degree, majoring in Healthcare Administration or other Healthcare related fields.
- b. Applicants must be matriculating during the 2025-2026 academic school year.
- c. Applicants grade point average (GPA) must be a 3.3 or above for undergraduates and a 3.5 for graduate candidates. If you are not on a 4.00 scale, make sure your transcript includes a table for conversion.
- d. Applicants must be a current member of the NAHSE Detroit Chapter, or if selected as a Scholarship Recipient, becoming a Student Member of the NAHSE Detroit Chapter is required, once the award is given. *(Awardees will have 10 days to comply with this guideline. Proof of active membership will be required to submit to the Chapter via email at nahsedetroit@gmail.com within 10 days of receipt.)*

### **II. INSTRUCTIONS:**

**THE FOLLOWING MUST BE ATTACHED TO THE COMPLETED APPLICATION. ALL PACKAGES MUST BE COMPLETE FOR FULL CONSIDERATION.**

- a. Two (2) letters of recommendation should be received. One from each of the following individuals: Advisor or faculty member in your major area of study, employer, and a community person. Recommendations from relatives of the applicant are not acceptable. *(See attached Guidelines for Scholarship Recommendations.) Please ensure that your two letters of recommendation are included in your email submission of your application to our email address, nahsedetroit@gmail.com*
- b. A copy of your current resume. Resumes should include employment history, educational accomplishments, extracurricular activities, awards, and honors
- c. Please submit a 5 minute video (MP4, MOV, AVI, or MKV format) discussing **one** of the healthcare topics listed below:
  - i. Ambient AI—such as tools that automate clinical documentation or monitor patients in real time—has been promoted to reduce workload and improve care. Do you believe Ambient AI is currently living up to its promise in healthcare? Explain why or why not, and include examples to support your perspective.
  - ii. Public health emergencies often highlight gaps in healthcare leadership, operations, and system coordination. What do you believe is the most significant lesson learned from recent public health crises? How should healthcare organizations apply this lesson to strengthen system preparedness, resource management, and overall resilience moving forward?

- iii. Healthcare costs continue to rise due to inflation, increasing pharmaceutical prices, the prevalence of chronic diseases, and the increasing needs of an aging population. How do you believe healthcare leaders should address these financial pressures while still ensuring access, quality, and equity of care? In your response, discuss possible strategies and the potential implications involved.
- d. Headshot (head and shoulders only, in professional attire, i.e., passport photo)
- e. A transcript from the college or university you are currently attending in pursuit of your degree.

### III. INFORMATION:

- a. Completed applications **must be received** by the Detroit Chapter no later than **April 23rd, 2026**. The chapter may request that the applicant be interviewed.
- b. Send completed application to: **NAHSE Detroit, P.O. Box 453, Bloomfield Hills, MI 48304 or scan and email documents and video to: [nahsedetroit@gmail.com](mailto:nahsedetroit@gmail.com) and copy (“cc”) [ahorrison27@gmail.com](mailto:ahorrison27@gmail.com).**
- c. The scholarship will be presented to the recipient at the **2026 NAHSE Detroit Spring Mixer.**

**Detroit Chapter  
National Association of Health Services Executives  
Scholarship Application**

*PLEASE PRINT OR TYPE*

**Mr./Mrs./Ms.**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
(Last Name / First Name) (MI)

**Permanent Address:** \_\_\_\_\_  
(Street) (Apt #)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP)

**Home Phone:** ( ) \_\_\_\_\_ **School Phone:** ( ) \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Name and Address of College/University:**

\_\_\_\_\_  
\_\_\_\_\_

**Current Classification in School:** \_\_\_\_\_ **Student Status: Full Time / Part Time**  
(Circle one)

**NAHSE Member:** (Yes/No) \_\_\_\_\_ **Chapter:** (Detroit, etc.) \_\_\_\_\_

**Your present academic major or the major you intend to pursue (i.e. in healthcare administration)**

\_\_\_\_\_

**Grade Point Average:** \_\_\_\_\_

**Community and extracurricular activities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certificates and Awards:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- By checking this box: I understand and will comply with the guideline that in order to apply for the NAHSE Detroit Chapter Scholarship, I am a current member of the NAHSE Detroit Chapter, or if selected as a Scholarship Recipient, I will become a Student Member of the NAHSE Detroit Chapter, once the award is given. **(I understand that I must submit proof of active membership within 10 days of receiving the NAHSE Detroit Chapter Scholarship to the Chapter via email at nahsedetroit@gmail.com.)**

SIGNATURE OF APPLICANT: \_\_\_\_\_

**Detroit Chapter  
National Association of Health Services Executives  
Scholarship Application  
Checklist**

**HAVE YOU INCLUDED IN YOUR PACKAGE:**

- Two letters of recommendation in accordance with the enclosed guidelines
- Copy of your most recent resume
- Video (5 minutes for one healthcare topic)
- Transcript
- Headshot

**Guidelines for Scholarship  
Letters of Recommendation**

Two (2) letters of recommendation should be submitted to NAHSE Detroit from the recommender(s). One from each of the following individuals: Advisor, faculty member in your major area of study or employer, and community person. Recommendations from relatives of the applicant are not acceptable.

Note: If recommenders would prefer to send letters separately, please email [nahsedetroit@gmail.com](mailto:nahsedetroit@gmail.com) and copy/cc [ahorrison27@gmail.com](mailto:ahorrison27@gmail.com)

Persons writing the letter of recommendations should include in their letters, answers to the following questions:

1. What is your professional relationship to the applicant, and how long have you known him/her in a healthcare or academic setting?
2. Please describe the specific reasons you believe the applicant is well-suited for a career or continued studies in healthcare, and why you recommend him/her for this scholarship.
3. In your experience, does the applicant demonstrate leadership qualities within clinical, academic, or community health environments? Please provide examples of how he/she has displayed them.
4. Please describe the applicant's strengths and areas for growth, particularly as they relate to working in healthcare (e.g., clinical judgment, empathy, teamwork, attention to detail).
5. Please provide your assessment of the applicant's communication skills—both oral and written—and their ability to interact effectively with patients, families, colleagues, and individuals at different levels of healthcare administration.