



Hardship Scholarship Application

The Monmouth Ocean Hardship Scholarship Committee has been developed to help Local Chapter members in need of financial aid to cover annual dues, current coding books, or other items necessary to continue to remain current in our quickly changing industry. The Committee will award scholarships on a quarterly basis after review of all new applications, and will notify applicants, whether granted a scholarship or not, after that time. Please print and keep a copy of this application for your records.

All funds are disbursed based on availability and **applicant's ability to demonstrate reasonable hardship**. Please note, **if the application is not completed in full, the application will not be reviewed** by the committee.

The information on this application will be kept confidential among all parties.

Please complete and submit the attached form.



AAPC CHAPTER, NJ

Hardship Scholarship Application

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Phone number _____ Email Address _____

AAPC Membership # _____

Member since (specify year) _____ Membership renewal date _____

List all AAPC credentials _____

Current Employer _____

How long have you worked there? _____

Assistance Requested from Employer Yes No

Reason for Partial Assistance or Denial from Employer _____

Are you currently Unemployed? _____

Previous Employer _____

How long did you work there? _____

Involvement with Local Chapter:

Do you attend Local Chapter meetings? Yes _____ No _____

How many meetings do you attend per year? _____

Are you currently an officer or have you held an officer position? Yes ____ No ____

Do you assist with chapter meetings? If so, how? For example, have you ever spoken at a local chapter meeting? List any committees or events you have assisted with.
Please be as elaborate as possible.

**APPLICATION MADE ON BEHALF OF ANOTHER
MONMOUTH OCEAN AAPC CHAPTER MEMBER**

Members in need are encouraged to apply on their own. However, in some cases, Local Chapter members may become aware of the needs of another member, and may apply for the scholarship on their behalf.

Your Contact Information - If Requesting on Behalf of another AAPC Member

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Phone number _____ Email Address _____

Scholarship Amount and Reason for Request

I am requesting aid for the following:

AAPC yearly membership dues _____ Amount _____

Coding Books - CPT _____ ICD _____ Other _____ Amount _____

Exam fees _____ Exam date _____ Amount _____

Other (please explain)

Reason for Request/Financial Hardship:

In as much detail as possible, please provide the reason for this request, the nature of your financial hardship, and any other avenues you have used to acquire the item(s) listed. If needed, you may provide additional information by email to

president@monmouthnjcoders.org (please include your name and member ID number in the subject line).

The above information is accurate to the best of my knowledge Yes

(Box must be checked for application to be considered)

Signature _____ Date _____