



2026 HLNY Achievement Award of Distinction Scholarship Application

Name:

Student ID #:

ACHE ID #:

Street Address:

City:

State:

Zip Code:

Phone:

Email

Preferred Method of Contact (Check One):

Email

Phone

School Name and Address:

Dean Director Name and Email Address:

Anticipated Degree:

Anticipated Year of Completion:

Is your School affiliated with ACHE's Higher Education Network?

Yes

No

Do you plan to stay in the HLNY region after graduation?

Yes

No

EXTRACURRICULAR INVOLVEMENT

Please list Community Service work to underprivileged communities or patient populations:

Please list all other extracurricular activities:

Essay

The applicant shall identify his or her specific career goals as a prospective healthcare leader and discuss his or her vision for the future, citing previous contributions. **Responses are to be kept to a maximum of 600 words.**

Applications will not be accepted after 11:59 pm on May 31, 2026. Hand-written applications will not be accepted. If you have any questions or would like to submit an application, please contact our HEN Committee Higher Education Network Chair, at hen@hlny.org. Please include a headshot, transcript (can be unofficial) and recommendation letter from a professor or program administrator in one message. Confirmation of receipt of your application will be sent upon submission via the preferred method of contact listed in your application.