

# Class XXI/2024-2025 Application



Thank you for your interest in applying for the MHA Excellence in Governance Fellowship. If you need assistance as you complete this application, please contact Erin Steward at [esteward@mha.org](mailto:esteward@mha.org) or (517) 282-5639.

## SECTION I: APPLICANT INFORMATION

Applicant name: \_\_\_\_\_

Name preferred in informal setting: \_\_\_\_\_

Board on which the applicant serves: \_\_\_\_\_

\_\_\_\_\_

Hospital/healthcare organization: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/ZIP: \_\_\_\_\_

Chief executive officer: \_\_\_\_\_

CEO phone: \_\_\_\_\_

CEO email: \_\_\_\_\_

Name of CEO assistant: \_\_\_\_\_

CEO assistant email: \_\_\_\_\_

Tuition invoice should be sent to: \_\_\_\_\_

### ***Applicant Personal Data***

Professional (work) title: \_\_\_\_\_

Employer: \_\_\_\_\_

Please use my  personal or  work address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Best phone number to contact: \_\_\_\_\_

Best email to contact: \_\_\_\_\_

*(Please use the email address where you will want all fellowship correspondence to be delivered.)*

Spouse/partner name: (if applicable) \_\_\_\_\_

## COMPLETED APPLICATION INFORMATION

A completed application includes:

1. Your answers to sections I - II of this application.
2. A signed letter of support from your hospital chief executive officer.

## SUBMITTING APPLICATIONS

Please submit all completed applications and required materials by **June 28, 2024**, to:

MHA Excellence in Governance Fellowship  
Michigan Health & Hospital Association  
2112 University Park Dr., Okemos, MI 48864

Applications can also be **emailed** to Erin Steward at [esteward@mha.org](mailto:esteward@mha.org).

## SECTION II: EXPERIENCE

1. Please submit a current resume or curriculum vitae.
2. Board experience  
Number of years on current hospital/healthcare organization board: \_\_\_\_\_  
Hospital/healthcare organization board committees on which you have served or are now serving:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Other civic/government board activities  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION III: LETTER OF ORGANIZATIONAL SUPPORT

You are required to submit a letter of support from the healthcare organization's chief executive officer indicating organizational support and commitment (time and resources) for your participation in the fellowship program.

The **MHA Health Foundation** is the nonprofit section of the Michigan Health & Hospital Association, established to support hospitals and their community partners in improving the health of individuals and communities throughout Michigan.

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