



**Austin HIMSS Chapter Scholarship Application**  
2017-2018

**PERSONAL INFORMATION**

Name: Phone: Email:  
Address: City: Zip:

**CURRENT ACADEMIC ENROLLMENT**

College/University: Degree Program:  
School: Academic Advisor:  
Address: City: Zip  
Advisor's Phone: Advisor's Email:

**TARGETED COURSES FOR UPCOMING ACADEMIC YEAR**

- A.
- B.
- C.
- D.

**ACADEMIC BACKGROUND (PLEASE LIST ALL DEGREES/CERTIFICATES RECEIVED)**

Institution: Degree Received:  
Dates Attended: Overall GPA: Major:

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Dates Attended: Overall GPA: Major:

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Dates Attended: Overall GPA: Major:

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Dates Attended: Overall GPA: Major:

## PROFESSIONAL ACHIEVEMENT AND/OR ACADEMIC SOCIETY ACTIVITIES

Society or Association:

Relationship to Healthcare:

Office Held:

Dates of Service:

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Relationship to Healthcare:

Held:

Dates of Service:

## HEALTH INFORMATION AND MANAGEMENT SYSTEMS CONFERENCES AND/OR SEMINARS ATTENDED IN 2014/15

Event/Prog Title:

Sponsor:

Were you a presenter:

If so, what was the topic?:

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## HIMSS INVOLVEMENT

Are you a member in good standing with HIMSS (Local or National)?

Are you a member of the Austin Chapter of HIMSS?

Please list any other involvement you have had with HIMSS:

## SUBMIT A PERSONAL STATEMENT THAT INCLUDES A BRIEF DISCUSSION OF THE FOLLOWING:

1. Short-term healthcare-related career goals post-graduation
2. Past achievements
3. Long-term career goals
4. Why should I receive the scholarship

## WRITE A BRIEF ESSAY (500 WORDS OR LESS) ON THE FOLLOWING TOPIC

The purpose and role of health information technology in the healthcare industry.

**PROVIDE 3 LETTERS OF RECOMMENDATION**

The letters of recommendation should include the applicant's name and contact information.

**PLEASE RETURN THE COMPLETED APPLICATION AND LETTERS OF RECOMMENDATION TO:**

[austin.secretary@himsschapter.org](mailto:austin.secretary@himsschapter.org)

**BY THE APRIL 15, 2018 DEADLINE**