



## **CENTRAL & SOUTHERN OHIO** *Chapter* **Non-Traditional Student Scholarship Program** **Academic Year: 2016/2017**

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### **OVERVIEW**

The Central and Southern Ohio HIMSS (CSOHIMSS) Chapter will annually award one \$500 scholarship, a one-year HIMSS membership, and CSOHIMSS committee internship to a part-time certificate, undergraduate or graduate student studying in the healthcare information or healthcare management systems field at an accredited degree-granting institution.

Scholarships are awarded for academic excellence and the potential for future leadership in the healthcare information and management systems industry. Review criteria are focused on academic achievement, service activities, technical skills, career goals, demonstration of leadership potential, and communication skills.

The \$500 scholarship (cash award), one year HIMSS membership, and CSOHIMSS committee internship is awarded to the student deemed most deserving by the CSOHIMSS Scholarship Committee.

### **APPLICANT REQUIREMENTS**

To qualify for consideration of this award, all eligible applicants must fulfill these minimum requirements:

- The applicant at the time the scholarship is awarded must be a part-time student in a certificate, undergraduate, graduate, or doctoral program related to the healthcare information or management systems field at an accredited degree-granting institution. The specific program is not a critical factor, although it is expected that programs similar to those in industrial engineering, management engineering, operations research, healthcare informatics, computer science and information systems, hospital information, nursing, medicine, telecommunications, business administration, etc. will predominate.
- Undergraduate applicants must be at least a first-term junior (or equivalent) when the scholarship is awarded.
- The applicant must be willing to participate on one of the CSOHIMSS committees. This will provide the student insight into the practice of healthcare information technology (HCIT) management and align them with an CSOHIMSS organizational mentor that can guide them as they determine which aspect of HCIT may be of interest to the applicant as they finish their studies and pursue additional education, or employment, post-graduation.
- Previous winners are ineligible.
- Previous applicants are eligible but must send updated information for any information that has changed.
- Completed application & all supporting materials must be sent in by **September 30, 2016**.

### LETTERS OF RECOMMENDATION

All applicants must include two (2) Letters of Recommendations with their application. The Letters of Recommendation must meet the following criteria:

- Each letter should compare the student to others in the following areas:
  - Technical Skills
  - Communication Skills
  - Leadership abilities
- Overall scholarship/aptitude
- One letter must be from a course instructor.
- The letters of recommendations should include the recommender's position.
- The individual writing the letter must email their recommendation directly to [csohio.info@himsschapter.org](mailto:csohio.info@himsschapter.org).

### CONDITIONS OF SCHOLARSHIP AWARD

If awarded the scholarship, the winner agrees to the following conditions:

- **The awardee must attend both the CSOHIMSS Fall and Spring Conferences in order to receive the award.** The awardee will receive half of the cash award at the Fall Conference (October 28, 2016) and half of the cash award at the Spring Conference (date TBD). The awardee will accept the scholarship award at the events and will be provided with an opportunity to briefly describe his/her aspirations in Health IT and related fields to the conference attendees. This networking opportunity will enable the award recipient to directly interact with CSOHIMSS members and conference attendees.
- The awardee will participate on at least one CSOHIMSS committee based upon their interest and the needs of the CSOHIMSS organization.

### DEADLINE AND SUBMISSION ADDRESS

Please email completed applications and all supporting materials by **September 30, 2016** to [csohio.info@himsschapter.org](mailto:csohio.info@himsschapter.org).

### APPLICATION COMPLETION CHECKLIST

- Complete Application
- Submit (2) Two Letters of Recommendation
- Submit Personal Statement
- Provide Resume or Curriculum Vitae

If you have any questions, please e-mail us at [csohio.info@himsschapter.org](mailto:csohio.info@himsschapter.org). We encourage you to contact us if you have any problems or concerns. Also, please feel free to explore our web site at <http://csohio.himsschapter.org> for more information about CSOHIMSS.

Thank you for your interest and good luck!



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**APPLICATION FORM**

Applicant's Name: \_\_\_\_\_

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

Primary Contact Phone Number: \_\_\_\_\_

Primary Fax Number (if applicable): \_\_\_\_\_

E-Mail Address (if applicable): \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

**ACTIVE DEGREE PROGRAM DETAIL**

Undergraduate       Graduate       Doctorate       Certificate

Academic Institution: \_\_\_\_\_

Major/Program Name: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Department: \_\_\_\_\_

**ACADEMIC HISTORY**

Please provide details of grades and other appropriate info for all institutions attended (no transcripts are required):

Institution	Degree/Major	Dates Attended	Overall GPA

**PROFESSIONAL/ACADEMIC AFFILIATIONS**

CSOHIMSS encourages and celebrates involvement in organizations that further improve an individuals’ professional life over and above academia and current workplace. Please provide a list of any professional or academic societies or associations to which you belong. Indicate whether the society or association is concerned with health care or information/management systems. If you currently hold, or have held, an office in any of the societies listed below, please indicate you position and dates of service:

Organization	Involvement/Positions Held	Dates Affiliated	Healthcare Related?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**CONTINUING EDUCATION**

CSOHIMSS recognizes that professional education occurs outside the classroom as well. Please list any conferences, seminars, and/or symposiums you have attended whose subject was pertinent to health care information and management systems:

Program or Event	Sponsor/ Organization	Dates Attended	If you presented, what topic?

**PERSONAL STATEMENT**

CSOHIMSS would like a better understanding of who you are as a person, where you’ve been, where you are now, and where you see yourself going. Please prepare a personal statement/essay that includes a brief description of the following:

- Past achievements
- Career goals – goals upon graduation and short term goals relating to **healthcare information or management systems.**
- Future goals – describe where you envision yourself in your career long-term and discuss, “Why Should I Receive This Scholarship?”

**AFFIRMATION**

I certify that the above information is correct to the best of my knowledge. (Electronic signatures are accepted.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_