



Iowa HIMSS Academic Scholarship Application

Application Checklist

- Completed application form
- Personal Essay
- Two letters of professional recommendation (recommendation letters must contain author's full contact information)
- Copy of unofficial transcripts (for college/university courses only)
- Copy of receipt (for classes/workshops/conferences only)
- Copy of exam payment receipt OR copy of certification/exam results (for certifications only)

Personal Data

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Briefly identify and describe what the scholarship will be used for (class, workshop, conference, certification, etc). Include dates of attendance and location.

Educational Enrollment *(if applying scholarship towards college/university courses)*

Undergraduate Master's PhD Program

Institution: _____

City/State: _____ Overall GPA: _____

Area of Study: _____

Academic Achievement

Institution: _____

Date Degree Received: _____

Institution: _____

Date Degree Received: _____

Institution: _____

Date Degree Received: _____

Professional Achievement and Academic Society Activity

List any professional or academic societies in which you have been a member. Include a brief description of the society/group and whether they are related to healthcare/technology, offices held, and service on committees.

Conferences/Seminars/Symposiums

List conferences, seminars, or symposiums you have attended whose subject was pertinent to healthcare technology/healthcare information and management systems. If you presented, what was the topic?

HIMSS Involvement

When did you become a HIMSS member? _____

Which chapter are you a member of? _____

Please list any other involvement you have had with HIMSS

Essay

Submit a short essay describing how your class/workshop/conference/certification etc. will assist in your professional development/career advancement in healthcare technology/healthcare information and management systems. **(recommended 500 words maximum)**

Personal Statement

I certify that all of the above information is correct to the best of my knowledge. I understand that all material submitted becomes the property of Iowa HIMSS and will respect the decision made by the Iowa HIMSS Scholarship Committee regarding the scholarship award recipients.

Signature _____

Date ___/___/___

Please return the completed application, essay and letter of recommendations to:

iowa.president@himsschapter.org.

NO LATER THAN POSTED DEADLINE