

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:			
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:

molly-k-kuhn@uiowa.edu

NO LATER THAN POSTED DEADLINE