



## **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.

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## 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?

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## 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

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## 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:**

teresa-franklin@uiowa.edu

**NO LATER THAN POSTED DEADLINE**