CPAHIMSS Scholarship Program

The purpose of this scholarship program is to provide a qualified student with financial assistance toward tuition and/or books.

In order to qualify for the scholarship the prospective student must be enrolled in one of the following types of accredited programs that is related to the health information technology industry:

* certificate program
* associate’s degree
* bachelor’s degree
* master’s degree

The scholarship applicant must be a student or regular member of HIMSS and CPAHIMSS in the year of his/her application.

In order to evaluate qualified applicants the following criteria will be applied.

1. Committee participation
2. Chapter Event Attendance
3. Chapter Event Planning
4. Essay

Please complete and return the application to [mbmcgeorge@gmail.com](mailto:mbmcgeorge@gmail.com) by April 1, 2016. Include in subject line of email with application the following: **CPA HIMSS Scholarship Application**

CPAHIMSS Local Chapter Scholarship Application

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| --- | --- | --- | --- | --- |
| **First Name** | **Middle Initial** | **Last Name** | | **HIMMSS Member ID** |
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| **Educational Institute’s Name** | **Major** | **Relationship to Health Information Technology** | | **Semester Enrolled[[1]](#footnote-1)** |
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| **List below the required information related to chapter committees and events** | | | | |
| **Committee** | **Roles/Tasks** | | **Dates** | |
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| **Chapter Event Planning** | **Roles/Tasks** | | **Dates** | |
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| **Chapter Event Attendance** | | | **Date** | |
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| **In the space below (continue onto next page as needed), in approximately 500-1000 words, describing your goals in your chosen major and how you will help advance the healthcare profession.** | | | | |
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1. Please include a copy of your acceptance letter [↑](#footnote-ref-1)