

Jane A. Blank Scholarship Program Academic Year: 2011/2012

OVERVIEW

The Central and Southern Ohio HIMSS (CSOHIMSS) Chapter will annually award one \$1,000.00 scholarship and a one-year HIMSS Student membership (\$30.00 value) to an undergraduate or graduate student studying in the healthcare information or healthcare management systems field.

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 \$1,000.00 scholarship (cash award) and one year HIMSS Student membership 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 primary occupation of the applicant (full-time status) at the time the scholarship is awarded must be that of student in an undergraduate, graduate, or doctoral program related to the healthcare information or management systems field at an accredited degree granting institution. The specific degree 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, etc. will predominate.
- Undergraduate applicants must be at least a first-term junior when the scholarship is awarded.
- 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 postmarked by **March 31, 2012.**

APPLICATION COMPLETION CHECKLIST

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



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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

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

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LETTERS OF RECOMMENDATION

All applicants must include two (2) Letters of Recommendations with their application packet. 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 your academic advisor
- The letters of recommendations should include the recommender's position
- The individual whose signature appears on the endorsed letter must sign each letter across the sealed portion

PROFESSIONAL/ACADEMIC AFFILIATIONS

CSOHIMSS encourages and celebrates involvement in organizations that further improve an individual's 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 your position and dates of service:

Organization	Involvement/Positions Held	Dates Affiliated	Healthcare Related?

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	Dates Attended	If you presented, what topic?

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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 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. I understand that all material submitted becomes the property of Central and Southern Ohio HIMSS and will not be returned:

Signature: _____ Date: _____

DEADLINE AND SUBMISSION ADDRESS

Please send completed applications and all supporting materials by **March 31, 2012** to:

Central and Southern Ohio HIMSS
52 Westerville Square Suite #310
Westerville, OH 43081
Attn: CSOHIMSS Scholarship Program

If you have any questions, please e-mail us at contactus@sohimss.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://www.csohimss.org> for more information about CSOHIMSS.

Thank you for your interest and good luck!