

# HIMSS-NCA SCHOLARSHIP APPLICATION

## Healthcare Information and Management System Society National Capitol Area Chapter Scholarship Program Winter 2021

The HIMSS-NCA scholarship is awarded annually to students studying in the health management, health information or information systems management field. Scholarships awards are based on academic achievement and participation in health information or information systems management industry. The scholarship program makes three awards of a minimum of \$2000 each to one student in three separate degree programs.

### Degree Program Scholarships:

- Graduate Program Scholarship
- Undergraduate Program Scholarship
- Associate Program Scholarship

### Eligibility

- Active enrollment in a DC-metro area accredited university fulfilling the requirements for a health management, health information or management-systems degree. Student must reside in the DC-metro (MD-DC-VA) area.
- A grade point average of 3.0 or better
- Membership in HIMSS. Student membership is \$30.  
<http://www.himss.org/membership/student>
- Applicant must be willing to participate as a volunteer on at least one HIMSS-NCA committee for one (1) year. Information on the HIMSS-NCA volunteer programs can be found at: <http://nca.himsschapter.org/GetInvolved>

### Selection Criteria

Applicants will be evaluated on the following criteria:

- Meets or exceeds grade point of 3.0
- Quality of recommendations
- Quality of essay
- Professional achievements
- Membership/Participation in the HIMSS-NCA chapter

Completed applications must be received no later than **February 23, 2021**. Please email completed application packages to:

HIMSS-NCA Scholarship  
c/o Maria Gaboury  
[megaboury@gmail.com](mailto:megaboury@gmail.com)

If you have any questions, please email Maria at [megaboury@gmail.com](mailto:megaboury@gmail.com)

Award recipients will be selected and notified in early **March 2021** and will receive their award at our virtual **March 18th** NCA chapter meeting. Additional copies of this form can be found at <http://www.nca.himsschapter.org>

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## Application Checklist

- \_\_\_ Complete and sign the application
- \_\_\_ Official transcripts
- \_\_\_ Two (2) letters of recommendation
- \_\_\_ 500-word personal essay
- \_\_\_ HIMSS -proof of membership

## Scholarship Applying for:

- \_\_\_ Graduate Program Scholarship
- \_\_\_ Undergraduate Program Scholarship
- \_\_\_ Associate Program Scholarship

## Personal Data

Name \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Mailing/School Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Current Educational Enrollment

- \_\_\_ Graduate      \_\_\_ Undergraduate      \_\_\_ Associate

Program Name \_\_\_\_\_  
Academic Advisor \_\_\_\_\_  
Department \_\_\_\_\_  
School \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## Course Work

Please list targeted course work for your upcoming academic year  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Official Transcripts and Academic Achievement

An official transcript from each educational institution you have attended must be provided up through **Fall semester (2020)**. These transcripts are required regardless of the length of stay at the institution. Complete the following information:

Institution _____	Degree Program _____
Dates of Attendance _____	Overall GPA _____ Major _____
Institution _____	Degree Program _____
Dates of Attendance _____	Overall GPA _____ Major _____
Institution _____	Degree Program _____
Dates of Attendance _____	Overall GPA _____ Major _____

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## Letters of Recommendation

- Include (2) two letters of recommendation with your application.
- Each letter should compare the student in the following ways:
  - Technical skills
  - Communication skills
  - Leadership abilities
  - Overall scholarship/aptitude
- One letter must be from your academic advisor, or school official.
- The letters of recommendation should include the recommender's position, if applicable, courses taught to the applicant.
- Each letter must be sealed and should be mailed by the recommender or signed across the sealed portion by the individual whose signature appears on the enclosed letter.

## Professional Achievement and Academic Society Activity

Please list professional or academic societies or associations to which you belong. Indicate whether the organization is related to healthcare information management systems.

Society or Association \_\_\_\_\_ Healthcare related? \_\_\_ YES \_\_\_ NO  
Office held \_\_\_\_\_ Dates of service \_\_\_\_\_

Society or Association \_\_\_\_\_ Healthcare related? \_\_\_ YES \_\_\_ NO  
Office held \_\_\_\_\_ Dates of service \_\_\_\_\_

## Leadership/Communication

Please list any personal achievements or extracurricular involvement in organizations outside of professional or academic organizations. Indicate the offices that you hold or have held.

Society or Association \_\_\_\_\_ Healthcare related? \_\_\_ YES \_\_\_ NO  
Office held \_\_\_\_\_ Dates of service \_\_\_\_\_

Society or Association \_\_\_\_\_ Healthcare related? \_\_\_ YES \_\_\_ NO  
Office held \_\_\_\_\_ Dates of service \_\_\_\_\_

Additional accomplishments: \_\_\_\_\_  
\_\_\_\_\_

## Personal Essay

Please submit a short essay of no more than 500 words (two pages) that addresses:

- Why you have chosen this field? (1/2 page)
- Why information management/information technology (IM/IT) is important to healthcare today? (1/2 page)
- A discussion of a major issue facing the healthcare community today and how IM/IT can address the issue. (1 page)

## Personal Statement

I certify that all of the information is correct to the best of my knowledge and that applicants may be disqualified if false information is submitted. I am willing to participate as a volunteer on at least one HIMSS-NCA committee for one (1) year. I understand that all material submitted becomes the property of HIMSS and will not be returned.

Signature \_\_\_\_\_  
Date Submitted \_\_\_\_\_

I am would like to volunteer on the following HIMSS-NCA Committee:

- \_\_\_ Membership Committee
- \_\_\_ Education & Outreach Committee