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Application for Maryland HIMSS Scholarship 2018

The Maryland Chapter for the Health Information Management Systems Society (MDHIMSS) is pleased to offer two scholarships for students enrolled in a part time or full-time degree program in a healthcare information and management related discipline. Scholarships are awarded to HIMSS student members who exhibit academic excellence and have the potential to be future leaders in the healthcare information and management systems industry. Applicant must meet all of the following requirements:

- be an active member of MDHIMSS and National HIMSS
- be a member in good standing with HIMSS
- must reside or attend an accredited undergraduate, masters or doctorate program related to the healthcare information management systems field in Maryland
- must have at least a 3.0 GPA
- previous MDHIMSS scholarship winners are ineligible

In addition to the scholarship, MDHIMSS will award the recipient with a one-year membership to MDHIMSS, one-year assignment as a student member of the MDHIMSS Program Committee, and free attendance at the MDHIMSS educational programs for one year.

Scholarship Applicants will be reviewed based on the following categories and sub-criteria. Please include all relevant accomplishments in either your personal statement or resume.

- Leadership
- Scholarship
- Communication
- HIMSS Participation

Application Checklist (submit by July 31, 2018 [to MD.ProDev@himsschapter.org](mailto:MD.ProDev@himsschapter.org))

Application Checklist (submit by July 31, 2018)

<input type="checkbox"/> College transcript & Proof of registration	<input type="checkbox"/> Resume
<input type="checkbox"/> Personal statement	<input type="checkbox"/> Letters of recommendation

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Education

School Name _____ Address: _____

Program Name _____

Start Date: _____ Grad Date: _____ Diploma Undergraduate Master's Doctorate

Academic Advisor _____ Department: _____

Phone Number : _____ Email: _____

Course Work (course title, number of credits)

Please identify targeted course work for your upcoming academic year (use space below).

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

May we contact your previous supervisor for a reference? YES NO

Supervisor email address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____