

HIMSS SOUTH CAROLINA CHAPTER

Application for the South Carolina Chapter of HIMSS Scholarship

Application Checklist

- | | |
|--|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Official Transcript |
| <input type="checkbox"/> Essay | <input type="checkbox"/> A letter of Professional Recommendation |

Personal Data:

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Mailing/School Address (if different from above) _____

Current Educational Enrollment

- Undergraduate Graduate

Name _____

Academic
Advisor _____ Department _____

Phone _____ Fax _____ Email _____

School _____

City _____ State _____ Zip _____

Course Work

Please identify targeted core courses for your upcoming academic year:

Official Transcripts and Academic Achievement

An **official** transcript from each educational institution that you have attended must be provided. These transcripts are required regardless of your length of stay at the institution. Please complete the follow information:

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1) Institution _____ Degree Program _____

Dates of Absence _____ Overall GPA _____ Major _____

2) Institution _____ Degree Program _____

Dates of Absence _____ Overall GPA _____ Major _____

3) Institution _____ Degree Program _____

Dates of Absence _____ Overall GPA _____ Major _____

HIMSS Involvement

Are you a member of HIMSS and/or SCHIMSS ____ Yes ____ No

If awarded the scholarship, are you willing to serve as the junior ambassador for SCHIMSS?

____ Yes ____ No

Please list any other involvement you had with HIMSS and/or SCHIMSS:

Essay

A short essay (two pages) that addresses: **(Submit via Microsoft Word only)**

1. Why information management/technology is important in healthcare
2. Why the student has chosen the field
3. Discussion of a major issue facing the health industry and how information technology can address the issue
4. This essay must be an original work of the applicant, use of AI to generate the submission is prohibited

Personal Statement

I certify that the above information is correct to the best of my knowledge (applicant may be disqualified if false information is submitted.) I understand that all material submitted becomes property of SCHIMSS and will not be returned. I understand that the scholarship will be sent directly to the school I am enrolled in. I agree to the terms in serving as the Student Liaison with the SCHIMSS board.

Respectfully submitted by:

Signature _____

Date: ____/____/____