Nebraska Healthcare Information Management Systems Scholarship Policy

Scholarships will be offered to students in the following types of programs:
- Health information management/technology
- Health management, with a focus on information management/technology
- Clinical programs with a focus on information management/technology
- Health science programs with a focus in information management/technology
- Business management programs with a focus in health information management/technology
- Management science programs with a focus in health information management/technology
- Other types of degree programs which emphasize health information management/technology

* Participation is open to students who are enrolled in a degree program in an accredited college or university. Certificate programs are not eligible for the award.
* Students must have completed at least one quarter or semester in their currently enrolled Healthcare Information Technology related degree program.

Eligibility for the scholarship award is based on the following criteria:
1. The applicant must be a member in good standing of HIMSS.
2. Submission of a scholarship application and related documents via email no later than 5:00 pm on June 1st.
3. Two to three letters of professional recommendation must accompany the application. These should include letters from superiors for whom the applicant has worked with and/or college professors with whom the applicant had studied under.
4. A minimum grade point average of 3.0. A most recent transcript(s) must be included with the scholarship application. Unofficial transcripts are sufficient for award consideration.
   a. Transcripts must include the following:
      i. Institution
      ii. Degree program
      iii. Dates of attendance
      iv. Overall GPA

Criteria for evaluation of the application and award of the scholarship will include, at a minimum:
1. Meets or exceeds grade point criterion
2. Quality of recommendations
3. Quality of applicant response to essay questions

Schedule
The schedule for development and advertisement of the scholarship program and award of the scholarships is as follows:
1. March 1: Promote scholarship program and distribute materials
2. June 1: Applications due no later than 5:00 pm
3. July: Review applications and select award recipients
4. July: NE HIMSS Board approval of scholarship awards
5. August 1: Notify award winners by email and/or phone call
6. October: Present scholarship awards at NE HIMSS annual event

Questions?
Questions or concerns about the scholarship application process can be directed to: NE HIMSS Membership: Nebraska.membership@himsschapter.org
Nebraska Healthcare Information Management Systems

Scholarship Application

Name:  Click here to enter text.  
Email:  Click here to enter text.

Phone Number: Click here to enter text.  
HIMSS Member ID: Click here to enter text.

Major/Program currently enrolled in:  
Undergraduate ☐  
Graduate ☐  
PhD Program ☐

University Name:  Click here to enter text.  
Start Date: Click here to enter text.

University Mailing Address:  Click here to enter text.

∗ Please list any professional or academic societies or associations to which you belong. Also, please indicate whether the organization is concerned with healthcare information and management systems.

Click here to enter text.

∗ Please list any conferences, seminars, or symposiums you have attended that were related to healthcare information and management systems. Also, please specify program title, topic and if you were a presenter or attendee.

Click here to enter text.

∗ Please describe why you have chosen this field.

Click here to enter text.

∗ Please describe how you believe the use of technology in healthcare can improve the quality of care delivered in the United States and around the world.

Click here to enter text.

∗ Please describe how you believe the NE HIMSS Scholarship funds can assist you in gaining an educational experience that will promote the use of health information technology in the future.

Click here to enter text.

Application Checklist

☐ Completed application form

☐ Transcript(s)

☐ Two to three letters of professional recommendation
☐ Submit via email to NE HIMSS Membership Team at Nebraska.membership@himsschapter.org

**Personal Statement**
I certify that all of the above information is correct to the best of my knowledge. The applicant may be disqualified if any false information is submitted. I understand that all material submitted becomes the property of NE HIMSS and will respect the decision made by the NE HIMSS Scholarship Committee regarding the scholarship award recipients.

Respectfully submitted by  Click here to enter text.

Signature:  Click here to enter text.  Date:  Click here to enter text.

**Thank you for submitting your application for the NE HIMSS Scholarship**