



FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

11812 N. 56th Street • Tampa, Florida 33617 • Phone 813.775.6416 • Fax 813.988.5837

Florida Healthcare Engineering Association Scholarship

The Membership of the Florida Healthcare Engineering Association recognizes the importance of education in today's ever changing healthcare field. We are sponsoring a \$2500.00 scholarship to any FHEA member, immediate relative of an FHEA member, or an employee of an FHEA member hospital. It is our hope that this scholarship will be used to help develop the future leaders in our facilities as well as in the FHEA.

GUIDELINES

Eligibility

This scholarship is open to all FHEA members, immediate relatives of an FHEA member, or an employee of an FHEA member hospital. FHEA board members and their families are not eligible to apply. Applicant may be a full or part-time student. The applicant must be enrolled in an accredited* degree program, in a US-DOL approved vocational training program, or specialty program approved by the Scholarship Committee. Furthermore the student must be enrolled in a program that will allow them to work in a healthcare engineering related field.

**Accredited is defined as to be acceptable as transfer credits at a Florida state university.*

Amount Awarded

\$2500.00

The Scholarship is awarded annually at the discretion of the Florida Healthcare Engineering Association. The Scholarship amount will go directly to the accredited school of choice of the recipient for books and/or tuition.

Application

An application form is available from:

FHEA Representative(s)

Department

Phone Number

Complete the application and forward to:

Florida Healthcare Engineering Association
c/o State BOD Scholarship Committee
11812 N. 56th Street
Tampa, FL 33617

Deadline

Postmarked no later than July 15. Selected candidate will be notified in August.

Judging

Judging will be based on a point system for all information contained in the application. Therefore it is advisable to answer all questions as thoroughly as possible. Areas of consideration will be:

- a. Academic excellence
- b. Financial need
- c. Awards and honors received
- d. Extracurricular activities (cultural, social, political) and offices held
- e. Employment/Volunteer activities
- f. Career plans (250 word essay required)

Award

A scholarship committee comprised of the current State President, Scholarship Chair, and Education Chair shall review each application and choose the finalist.

*The FHEA membership encourages you to submit your application.
We wish success to all participants and encourage all to seek a career in health care.*



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Scholarship Application

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Please print or type

Name _____ SS# _____
Last First Middle

Current Address _____ City/St/Zip _____

Permanent Address _____ City/St/Zip _____

Phone _____ Fax _____

Section A - Education - High School

High School _____

Address _____

City/State _____ Phone _____

Expected Graduation Date _____ Curriculum _____ GPA _____

Extracurricular activities/awards/honors

Section B - Colleges/Institutions

List those attended

Name of Institution	Location (City/State)	Phone	Major	Degree Earned	GPA



Section B - Colleges/Institutions – *continued*

Extracurricular activities/awards/honors

Section C - Employment / Volunteer Activity

Dates

Employer / Organization

Type of Work (describe)

Section D - Scholarship Requested for

(Scholarship to be paid directly to the School)

School Year Beginning _____ Date of Acceptance _____

School _____ Phone _____

Address _____ Major _____

City/State/Zip _____

Section E - Personal Data

Describe science or engineering projects with which you have been involved:



Section E - Personal Data – continued

Please detail in 50 words or fewer why you should be selected:

Describe your financial need:

Percentage of College costs that you are personally responsible for: _____ %

Source of funding (loan, savings, etc.) _____

Percentage of College costs covered by tuition reimbursement programs: _____ %

Percentage of College costs being paid by others (parents, relatives, etc.): _____ %

On a separate sheet please provide a 250 word essay on your career plans and how they will contribute to further healthcare engineering.

Are you employed at the facility listed below? Yes No

What is the relationship to individual listed below: _____

Your department/job title: _____

Signature _____ Date _____

Sponsored by the following FHEA member(s):		
Name	Facility/Business	Phone
_____	_____	_____
_____	_____	_____
<i>Mail completed application to:</i> Florida Healthcare Engineering Association c/o State BOD Scholarship Committee 11812 N. 56th Street Tampa, FL 33617		
<i>*Application must be postmarked no later than July 15.</i>		