



FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

11812 N. 56th Street • Tampa, Florida 33617 • Phone 813.776.6416 • Fax 813.988.5837

FHEA District I Bertram A. Nass Scholarship Award

District I of the Florida Healthcare Engineering Association recognizes the importance of education in today's ever changing healthcare field. We are sponsoring a \$500.00 annual scholarship in the memory of long time active and life member Bertram A. Nass to help with expenses related to continuing education. It is our hope that this scholarship will be used to help develop the future leaders in our facilities as well as FHEA.

GUIDELINES

Eligibility This scholarship is open to all District I FHEA members, immediate relatives of a District I FHEA member, or an employee of a District I FHEA member hospital. 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.

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

Amount \$500.00

Awarded 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 District I Scholarship Committee

11812 N. 56th St.

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

Award A scholarship committee comprised of the current District I officers and one at-large member to be determined by the district President 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:

Describe your current educational and/or career plans:



Section E - Personal Data – continued

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.): _____ %

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

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail completed application to: Florida Healthcare Engineering Association
c/o District I Scholarship Committee
11812 N. 56th Street
Tampa, FL 33617

*Application must be postmarked no later than July 15.