



# FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

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

## NOTICE

### FHEA District III Educational Scholarship Award

#### GUIDELINES

#### Eligibility

This scholarship is open to all District III FHEA members, immediate relatives of an FHEA member, or an employee of an 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

\$1,000.00

#### 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:

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FHEA Representative(s)

Department

Phone Number

Complete the application and forward to:

Florida Healthcare Engineering Association  
c/o District III 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

#### Award

A scholarship committee will 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
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**Section B - Colleges/Institutions** – *continued*

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Extracurricular activities/awards/honors

**Section C - Employment / Volunteer Activity**

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Dates

Employer / Organization

Type of Work (describe)

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**Section D - Scholarship Requested for**

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(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**

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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 III Scholarship Committee  
11812 N. 56th Street  
Tampa, FL 33617

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