**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:

<table>
<thead>
<tr>
<th>FHEA Representative(s)</th>
<th>Department</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

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

Please print or type

Name ____________________________ SS# ____________________________

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

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