

**HIMSS South Dakota Chapter Scholarship Application**

The Health Information and Management Systems Society (HIMSS) South Dakota chapter awards annually one undergraduate and one graduate $1,000 scholarship to students related to the health information or technology field.

Please complete the following information and provide additional information as attachments. The scholarships will be awarded for the upcoming academic year.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application: \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate

School attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any minors or certificate programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of credits taking each semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state why you are applying for this scholarship:

Please share your career goals:

Please share information in the following areas:

* Leadership – including school related and academic activities, extracurricular and community service activities, and professional society involvement (excluding HIMSS)
* Scholarship – including your academic record or a copy of your transcript, awards and recognition, and supplementary education
* Communications – including presentations and publications and a personal statement
* HIMSS participation – including years of participation at the national level, other state chapter, or the HIMSS South Dakota Chapter, extent of participation, and leadership roles

Please share any conflict of interest:

In addition to the application form, please submit the following:

* Two letters of recommendation provided by any of the following (peers, colleagues, managers, or professors). Letters of recommendation will not be accepted from anyone serving on the HIMSS South Dakota Chapter Scholarship Selection Committee.
* Current resume/curriculum vitae

Thank you so much for taking the time to apply for a HIMSS South Dakota Chapter scholarship and for your interest in becomining a future leader in the healthcare information and technology industry.

We would like to have **applications with references to Patti Brooks at** [**patti.brooks@dsu.edu**](mailto:patti.brooks@dsu.edu) **back by no later than December 15, 2023.** These will be reviewed by our Scholarship Committee quickly in time to let the awarded recipients know before the Spring Semester starts in January, 2024.