



## Scholarship Fund Application

The purpose of the Houston Area Association for Hospital Engineering Scholarship Fund is to provide annual scholarships to both entering and continuing college students. Ongoing scholarships will be provided to members or member hospital employees that obtain pre-approved certifications or educational accomplishments that improve the field of hospital engineering.

### PERSONAL DATA

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Date of Birth(mm/dd/yy) \_\_\_\_\_

Social Security Number \_\_\_\_\_

The application deadline is May 31, 2015 for formal education scholarships and ongoing for the other certifications. All grants will be announced on or before Aug. 31, 2015 and on a continuing basis for the certifications. The process for submitting applications are:

- A. Type or neatly print responses on application form
- B. Answer all the questions on the form. If a question is not applicable, please indicate (N/A).
- C. Application requires a signature from the applicant and parent/guardian
- D. Attachments to application:
  1. Verification of admittance from the institution you plan to attend or are currently attending.
  2. Attach cumulative transcript that includes grades for semesters ending March, 2014.
  3. Attach a copy of your SAT/ ACT scores
  4. For certifications or licenses attach a copy of the certificate or license



**houston area association**  
for hospital engineering

## AFFILIATION

How are you affiliated with HAAHE?

- A relative is a member in good standing of the HAAHE  
Name of Member \_\_\_\_\_
- I am a member of the HAAHE organization
- I am a from a member hospital  
Name of member hospital \_\_\_\_\_

## ACADEMIC DATA

If you are a graduating high school senior, please complete Questions 1 through 5.

1. High School you are attending: \_\_\_\_\_
2. Name of college you plan to attend: \_\_\_\_\_
3. Cumulative grade point average (GPA, attach transcript to application): \_\_\_\_\_
4. ACT / SAT Score (attach transcript to application): \_\_\_\_\_
5. What is the field you intend to study? \_\_\_\_\_

If you are pursuing a college undergraduate/graduate degree, please complete Questions 6 through 9.

6. Are you a college:  
Grad \_\_\_\_ Senior \_\_\_\_ Junior \_\_\_\_ Sophomore \_\_\_\_ Freshman \_\_\_\_
7. College Major \_\_\_\_\_
8. Name of College you attend \_\_\_\_\_
9. Cumulative GPA (attach most recent transcript to the application): \_\_\_\_\_

If you are pursuing/received a relevant industry certification, please complete Questions 10 through 13 (must be in current calendar year).

10. Name of organization certification was received from: \_\_\_\_\_
11. Type of certification or license: \_\_\_\_\_
12. Date of Certification: \_\_\_\_\_
13. Enclose proof of cost of materials, attendance of classes or testing services.

Types of certifications or licenses that will be considered are:

*CHFM, CHC, CHSP, CHEP, CHESP, CPE, FACHE, City of Houston Stationary Engineer Grade 1, 2 or 3, Master Electrician/Plumber, Journeyman Electrician/Plumber, etc.*



## COMMUNITY INVOLVEMENT

List in order of importance to you, three community, civic, religious, social, athletic or other organizations of which you have been a member. (List at least three. You may attach additional pages if you require more space.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In these activities, what have you accomplished which you think is important. (You may attach additional pages if needed)

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## WAIVER

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me for eligibility. I agree to notify HAAHE immediately if my educational program changes or is interrupted in any manner that may jeopardize the interest of the scholarship award. I hereby give permission to HAAHE to share reward of this scholarship for the purpose of recruitment, public relations and reports.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



## CRITERIA FOR SELECTION

The selection committee will evaluate each application according to criteria established by the Houston Area Association of Hospital Engineers. The criteria generally focus on a combination of the student's academic merit (as established by the student's GPA, ACT, or SAT score), aspiration for professional growth in the healthcare facilities industry and community involvement. The personal data listed previously on this form will not be furnished to the selection committee, so that a blind selection process can proceed.

**Applicant must be pursuing a Bachelor or higher degree program in a full time program at an accredited college or university or complete one of the certification or licenses listed above.**

Mail completed application to:

**HAAHE**  
**c/o , Reginald Phipps, President**  
PO Box 980489  
Houston, Texas 77254

For questions concerning this application please contact (713) 860-7072 or email [info@haahe.org](mailto:info@haahe.org).