



# Houston Area Association for Hospital Engineering

## Scholarship Fund Application

The purpose of the Houston Area Association of Hospital Engineers 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.

Return the completed application to:

**HAAHE**  
**C/o Robert Ray**  
**PO Box 540637**  
**Houston, Texas 77254-0637**

The application deadline for 2008 scholarships is May 31, 2012 for formal education scholarships and ongoing for the other certifications. All grants will be announced on or before Aug. 31, 2012 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 or parent/guardian
- D. Attachments to application:
  - 1. Verification of admittance from the institution you plan to attend or are currently attending.
  - 2. Verification of current employment or school.
  - 3. For certifications or licenses attach a copy of the certificate or license

### 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
- I am a from a member hospital  
Name of member hospital \_\_\_\_\_

## **Personal Information**

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

Address \_\_\_\_\_

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

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

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

## **Course of Study Information**

1. Current school or place of employment (attached some form of verification).

\_\_\_\_\_

2. Intended Field of Study

\_\_\_\_\_

3. What is your career plan?

\_\_\_\_\_

4. Describe how this scholarship will impact your career plans. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What is the name and phone number of the school or program that you will attend?

\_\_\_\_\_ Phone \_\_\_\_\_

6. Name of College you attend \_\_\_\_\_

7. Cumulative GPA (attach transcript to the application.) \_\_\_\_\_

8. If you received a certification or license please complete (must be in the current calendar year)

Name of organization certification was received from \_\_\_\_\_

- a. Type of certification or license
- b. Date of Certification
- c. Enclose proof of cost of materials, attendance of classes or testing services.

Types of certifications or licenses that will be considered are

CHFM \_\_\_\_\_ CHSP \_\_\_\_\_ City of Houston Stationary Engineer Grade 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Electrician \_\_\_\_\_ Plumber \_\_\_\_\_ HVAC License \_\_\_\_\_

### **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 the 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 the HAAHE to share this information for the purpose of recruitment, public relations and reports.

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Signature of Applicant

Date

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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. 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:

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PO Box 540637  
Houston, Texas 77254-0637**

For questions concerning this application please call – 713-534-2528