

Health Information Technology Grant Program

Cost of Program Paid by Student	
Request Symposium Scholarship	

Hitech Phone: (719) 562-7049 E-mail: Hitech@pueblocc.edu



Enrollment Application: Colorado HITECH Symposium

Applicant Information			
Full Name: _____			Date: _____
<i>Last</i> <i>First</i> <i>M.I.</i>			
Address: _____			
<i>Street Address</i>			<i>Apartment/Unit #</i>
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Phone: () _____		E-mail Address: _____	
College Student?	Yes ☐ No ☐	College Name: _____	
Major: _____		College Program: _____	
Are you Employed?	Yes ☒ No ☐	Company You Work for: _____	
Address: _____			
<i>Street Address</i>		<i>City</i>	<i>State</i> <i>ZIP Code</i>
Position Title: _____			
If employed, Supervisor name/contact information and signature is required (Attestation Form). This requirement must be met, before scholarship can be approved.			
I am interested in receiving information on CEUs?		Yes ☐ No ☐	Applicable Professional Organization: _____
Program(s) You Will Be Attending			
Colorado HITECH Symposium Pueblo Community College Hoag Theater 900 W. Orman Ave. Pueblo CO 81004 April 30, 2011 7:30a.m.-5:00p.m.			
Signature			
<i>I attest that the information provided is true to the best of my knowledge. I am aware that in compliance with the Family Education Rights and Privacy Act (FERPA) regulation 34 C.F.R. part 99.30, the disclosure of information from a student's education record requires the parent or eligible student to provide signed and dated written consent before Pueblo Community College discloses personally identifiable information from the student's education records, except as provided in section 99.31. By signing this form, I grant permission to release the above information for purposes pertaining to the Community College Consortia to Educate Health Information Technology Professionals Program, ARRA Grant #</i>			
Signature _____		Date _____	
For Office Use Only			
Scholarship Approved:	YES ☐ NO ☐		
Accounting # From:	_____	Accounting # To:	_____
Signature: _____			
Title: _____		Date: _____	

Apply for scholarship by completing **SCHOLARSHIP APPLICATION** on reverse side of this page.