



Colorado HITECH Symposium
SCHOLARSHIP APPLICATION

Student Full Name: _____
(Full Address and Contact Information must be included on Application Form – Reverse Side of this form)

COLLEGE: _____

STUDENT ID #: _____

Scholarship requested for the following event:

Colorado HITECH Symposium
Pueblo Community College
900 W. Orman Ave., AB Building, Hoag Theater
Pueblo, CO 81004
April 30, 2011
7:30a.m.-5:00p.m.
(HITECH Implementation Support for Healthcare Professionals Certificate)
Cost of Symposium: \$69.00

Scholarship Amount Requested: _____

I understand that this scholarship is available and applicable only with the successful completion of the all day-symposium, including receipt of certificate of completion. By signing below, I give the office of the HIT Grant Coordinator authorization to do follow up on future healthcare employment information (if you are not presently employed), as required, for tracking purposes, by the Health Information Technology Grant.

Signature of Student

Signature of HIT Grant Program Coordinator

Date of Signature

Date of Signature

Procedure is as follows:

- 1. Register for event (Application – reverse side)**
- 2. Submit Colorado HITECH Symposium Scholarship Application to HIT Grant Coordinator, Pueblo Community College, Pueblo Community College | 900 W. Orman Avenue, AB 250|Pueblo, CO 81004-1499**
- 3. Upon successful completion of the Colorado HITECH Symposium, a copy of your certificate of completion will be filed with this application, as proof of completion.**
- 4. The office of the HIT Grant Coordinator, Pueblo Community College, is required to do follow up on future healthcare employment, for those presently not working, through April 2012 or later, as stipulated by the grant requirements.**
- 5. You will be notified of scholarship approval within 72 hours of receipt of this scholarship application.**