

**TSHE**  
**(Tri-State Society Of Healthcare Engineering)**

**\$1,000 (One Thousand Dollars)**  
**2006-2007 Scholarship Assistance Award**  
**Awarded in December 2006**

Eligibility: (Students are only eligible to receive one TSHE scholarship)  
Student must be currently accepted and enrolled in an Engineering Program  
Student must have attained a minimum of 10 credit hours  
Student must have maintained a minimum 3.0 GPA  
Student must desire a career in Healthcare Facilities Operations/Management

Scholarship amount: **\$1,000**

Deadline: Post mark no later than **September 30, 2006**

Return to: Chairman of the Scholarship Committee  
C/O Dave Capal, ML 0713  
University Hospital  
234 Goodman Street  
Cincinnati, Ohio 45219

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College or University Name \_\_\_\_\_  
Degree Program \_\_\_\_\_  
Estimated Graduation Date \_\_\_\_\_  
Number of credit hours carried per term or semester \_\_\_\_\_  
Number of Credit Hours attained \_\_\_\_\_ GPA \_\_\_\_\_

Latest Healthcare Experience  
Name of Institution \_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Military Service  
Branch of Service \_\_\_\_\_  
Dates of Service \_\_\_\_\_ to \_\_\_\_\_  
Service Awards \_\_\_\_\_  
Type of Discharge \_\_\_\_\_

1. Extracurricular Activities

---

---

2. Honors/Awards

---

---

3. Work experience (Other than Healthcare)

---

---

4. Community Service/Non-school Activities

---

---

**Please attach the following, along with the completed TSHE Scholarship Application form**

1. A letter of Recommendation from a TSHE member AND/OR a letter of recommendation from an instructor in the student's engineering program.
2. An essay of no more than 250 words on why you want to work in the healthcare facilities Operations/Management area and any other information you feel will help the Selection Committee reach a favorable decision.

---

I hereby attest to the accuracy of the information I have included in this application and give my full permission for the use of my information in media releases or internal audits. I understand my full application is to be reviewed by members of various selection committees. I give permission to all members of the various selection committees to review my information.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby attest to the accuracy of the College/University related information this student has included in this application.

Student Advisors Name \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_ Phone \_\_\_\_\_

Student Advisors Signature \_\_\_\_\_