

# NAHQRS Scholarship Application

## NHA QI Residency Program



Name \_\_\_\_\_

Email \_\_\_\_\_

Hospital \_\_\_\_\_

Position \_\_\_\_\_

1. Do you have to pay out of pocket (your own expense) part of or all of the enrollment fee?

2. Why did you decide to take this course?

3. What are you hoping to get out of this course?

This \$500 scholarship is available to 2 students per year. Funding will be paid directly to NHA. Scholarship awardee's will be required to present their capstone project to the NAHQRS organization within 3 months of graduation.

Please submit scholarship application to NAHQRS President. Contact information at <https://www.nahqrs.org/>