



Anthony W. Moiso  
Scholarship Application

PO Box 29386  
Honolulu, HI 96820



Hawaii Society for Healthcare Engineering

HISHEHAWAII@GMAIL.COM | WWW.HISHE.ORG

Application NO. \_\_\_\_\_ (HISHE Use Only)

To qualify for a HISHE **\$1,000** Scholarship (\$500 upon reward, \$500 upon completion of course(s)) applicant must meet all the following criteria:

1. Must be sponsored by current HISHE member.
2. Must have a GPA of at least 3.0 and provide a copy of school transcript(s).
3. Be a current resident of the State of Hawai'i.

Applicants must also submit the following:

1. Two (2) letters of recommendation with application that describe applicant's commitment to the profession.
  - a. One (1) letter from HISHE member sponsor.
  - b. One (1) letter from non-family member who could attest to your qualifications.
2. A 250-500 word essay of your choice.

Suggested topics:

- a. Share your story; tell us about your background, identity, interest or talent.
- b. What do you want to accomplish in college? What is your goal?
- c. Tell us why you have chosen a career in healthcare.



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**PLEASE PRINT OR TYPE REQUIRED INFORMATION AND ANSWER ALL QUESTIONS.**

**SECTION 1 – APPLICANT INFORMATION**

<b>NAME OF HISHE MEMBER SPONSOR:</b>	
First and Last Name:	
Mailing Address:	
City/State/Zipcode:	
Contact Phone:	
Email:	
Are you currently a resident of the State of Hawai'i?	

**SECTION 2 – ACADEMIC HISTORY**

Current School:	
Program of enrollment:	
Address:	
Name of Advisor:	Phone #
Expected Date of Graduation:	
Type of Program:	Bachelor's      Master's      Doctorate      Technical School
Current Enrollment Status:	Full-Time      Part-Time      No. of Credits this Semester

**SECTION 3 – OTHER COLLEGES OR SCHOOLS ATTENDED**

School/College	Dates of Attendance	Degrees/Certifications Completed



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**SECTION 4 – CERTIFICATION AND AGREEMENT**

I hereby request consideration and believe myself to be eligible to apply for this scholarship administered by HISHE. I have completed all necessary paperwork and certify that all information provided in this application is complete and correct to the best of my knowledge.

I understand that: (1) falsification of my application or other attachments will disqualify my application; (2) failure to follow all instructions to complete the application will render my application incomplete; and (3) that all Scholarship Committee decisions are final.

I understand that the completed application and associated documents become property of HISHE. By signing this agreement, permission is granted to HISHE to request and/or verify information provided in this application.

Applicant’s Signature:

Date:

**Scholarship applicants and awardees will be notified in writing. All applications must be post marked by Aug 15, 2023.** Questions may be directed to the Scholarship Committee at [hishehawaii@gmail.com](mailto:hishehawaii@gmail.com)

**Completed applications and attachments can be mailed to:  
PO Box 29386  
Honolulu, HI 96820**

DO NOT WRITE BELOW THIS LINE – FOR HISHE USE ONLY

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Application Complete: Y or N

If application not complete, reason:

Previous Recipient? Y or N    Award Year

Program:      Bachelors      Masters      Doctorate      Technical School

Results of Review:

Date:

Reviewed by: