



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 a non-family member who can 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

NAME OF HISHE MEMBER SPONSOR:	
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 July 12, 2024.

**Questions may be directed to the Scholarship Committee at
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

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: