



# THSC Scholarship Form

Scholarship Rules, Regulations and Guidelines are posted on the Tristate Healthcare Simulation Consortium website.

Attach a 250-word essay answering the following:

- Explain how the money will be used.
- State how you have been active in the TSHC.
- Give example how you utilize simulation into your practice.
- Describe how this educational opportunity will benefit simulation.
- Fill out the form for reimbursement completely. All receipts should be attached to form and emailed to the Education Director or President.

Date \_\_\_\_\_

Scholarship Request \_\_\_\_\_

Submitted by \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Send Check to (name) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Description of Request	Amount
_____	_____
_____	_____
_____	_____

THSC Board Use Only		
Approved	Amount	Date
_____	_____	_____
Treasurer Use Only		
Check Number	Amount	Date
_____	_____	_____