



## IAHSS Foundation CHPA Scholarship Application

The IAHSS Foundation is dedicated to supporting the professional development of current healthcare security professionals. This scholarship offers financial support to IAHSS members who are in leadership roles and qualify to take the Certified Healthcare Security Protection Administrator (CHPA) exam.

The Foundation will accept and review CHPA application requests from September 1 – December 1 each year and will announce the successful recipients in early January. They must apply and qualify to take the CHPA exam. You must notify IAHSS and the Foundation that you have qualified to take the test and you will receive the \$500.00. You have one year to take the test once you are qualified. If you do not take the exam within the year, you must return the scholarship funds to the Foundation.

Please read the below guidelines before submitting your application:

1. Scholarships are only available to IAHSS members in good standing.
2. All applicants must submit a complete application and letter of recommendation.
3. First priority will be given to first time applicants.
4. All decisions regarding an applicant's approval or denial of a scholarship are made at the discretion of the IAHSS Foundation Scholarship Committee and the Foundation Board.
5. \$500 scholarships will be awarded to approved applicants and it will cover the CHPA application fee and some minor study expenses.
6. Approved applicants must apply (if they have not already done so) and qualify to take the CHPA exam before they are awarded a CHPA scholarship.
7. Scholarship recipients must take the exam within the one year qualification period of return the scholarship money to the Foundation.

Applicant criteria:

1. All applicants must be currently employed as a security professional at a healthcare organization and meet all the CHPA application requirements. You have a year to take the exam, once your CHPA application is approved. Below is the CHPA application link:  
[https://cdn.ymaws.com/www.iahss.org/resource/resmgr/docs/2020\\_02\\_19\\_chpa\\_application.pdf](https://cdn.ymaws.com/www.iahss.org/resource/resmgr/docs/2020_02_19_chpa_application.pdf)



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2. CHPA scholarships are only considered for applicants demonstrating lack of financial support from their organization.
3. Documentation of current involvement in IAHSS activities, projects or volunteer leadership opportunities or a description of interest in involvement will be considered.
4. Send completed application and supporting documentation to [Info@iahss.org](mailto:Info@iahss.org).



## **CHPA SCHOLARSHIP APPLICATION**

### **CONTACT INFORMATION**

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

First

Middle

Last

**ADDRESS:** \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

8420 W. Bryn Mawr Ave, Suite 1020  
Chicago, IL 60131 USA  
Toll Free: 888-353-0990 Fax 630-529-4139  
[www.iahssf.org](http://www.iahssf.org)



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**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**IAHSS membership number:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**How long have you been a member of IAHSS?** \_\_\_\_\_

**Have you held any IAHSS volunteer leadership roles?** ☐ YES ☐ NO

**\*IF YES, describe the role and the associated dates:**

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## **Required Application Documentation**

**All applicants must complete the below narrative, that includes the following:**

1. Complete the below questions 1-4.
2. Include a copy of your resume or CV.
3. Include a letter of recommendation from your current employer.

1. Describe how this certification will benefit you and your organization.

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2. Describe any IAHSS activities, projects or publications that you have been involved with or have completed.



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3. Describe how you intend to maintain your certification once it is achieved.

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4. Describe your financial need for this scholarship.

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