



Associates Achievement Recognition Scholarship

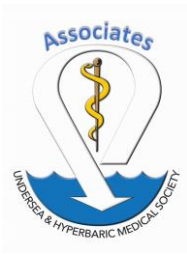
Purpose: The \$2,000 scholarship is intended to assist the recipient to be able to attend and present an abstract at the UHMS Annual Scientific Meeting (ASM). **The Completed Application must be emailed to uhms@uhms.org by April 29.**

Requirements:

- A. The applicant must be a current Associate member of the UHMS Associates in good standing.
- B. The applicant must submit this application with resume and color photograph via email.
- C. The applicant must submit an abstract to the UHMS Annual Scientific Meeting by the submission deadline and be accepted by the Committee. The winner shall present the abstract (poster and/or oral) at the ASM for that year.
- D. The complete scholarship application packet must be received **no later than** noon Eastern Time (ET) of the established deadline date of April 29; no exceptions. The packet must be submitted electronically.
- E. If selected, the scholarship recipient grants permission to the UHMS to post his or her biographical sketch and photograph on the UHMS webpage.
- F. The applicant agrees to pay the difference for all fees associated with attending the ASM that exceed the \$2,000 scholarship. This may include transportation, poster, food, lodging, and registration.

Selection Criteria:

- A. Be relatively new to the field, and someone who has already shown great promise (enthusiastic and self-motivated, who has obviously spent non-compensated time furthering their knowledge-base). Preference will be given to those who have made "significant" contributions (published a pertinent article, assisted in the creation of the standards for hyperbaric staffing and patient care, acted as faculty for related training programs, etc.), or;
- B. Has been employed in the field of diving/hyperbaric medicine/technology for some time and has yet to attend the ASM (the reason being lack of financial means rather than lack of interest). It would be considered that the early opportunity to attend the meeting might further motivate and stimulate this individual to achieve administrative and clinical advancement, or;
- C. A long-standing member who has worked tirelessly, and without expectation, to further the missions of the UHMS and to advance the field.



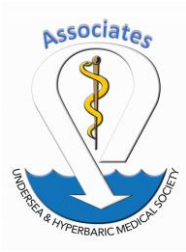
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Selection Process:

Applications must be signed off by the applicant's supervisor assuring approval for time-off to attend the ASM. Only **complete** application packets with abstracts attached will be accepted for consideration. **The deadline for submitting the application packet is noon ET, April 29.**

The justification statement on the application form must include how the applicant fulfills the selection criteria (stated above). Application packets must be emailed to UHMS Associates Council at uhms@uhms.org, with the subject line: 'Achievement Recognition Scholarship Application.' All applications will be screened for validity under the Requirements and Selection Criteria. Partially completed applications will not be accepted for consideration. The UHMS Associates Council will review all approved application packets and vote for the scholarship recipient. The recipient will be notified within 30 days of the deadline submission. Formal announcement will be made in the UHMS open-access newsletter 'Pressure' and via the UHMS E-Blast. The recipient will also be noted in the program at the UHMS Annual Meeting awards dinner. A photograph and bio of the recipient will be posted on the UHMS webpage.

If the recipient fails to follow through with the obligation to submit and present (poster and/or oral) an abstract and/or attend that year's annual scientific meeting, then the scholarship money paid to recipient is to be paid back in full to the UHMS within 14 days following the ASM.



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Application

**HAVE YOU EVER PRESENTED
AT ANNUAL MEETING
BEFORE?**

No Yes If yes, how many times? _____

Name of Applicant: _____

Job Title: _____

Hyperbaric Facility/Organization: _____

Facility/Organization Address: _____

How many? Mono _____ Multi _____

Is this Facility Accredited? No Yes If yes, please list the date accredited. _____

No. of years working in HBO Industry? _____ Certified in HBO? No Yes

Degree/Certification: _____

UHMS Member Since: _____

Safety Director Trained? No Yes

Personal Contact Information for Applicant:

Mailing Address: _____

Telephone #s: _____

Email: _____

Applicant's Supervisor: (Please note: The Supervisor must approve applicant's time off to attend ASM.)

Mailing Address: _____

Telephone #s _____

Email: _____

Additional Reference Information: (optional)

Name & Job Title: _____

Telephone #s: _____

Email: _____

Acceptance of Application Requirements

I have read and agree to the application requirements and selection criteria. I understand that if I am selected for the scholarship and accept the cash prize but do not follow through with the obligations stated above I will be responsible to pay back the \$2,000.00 in full within 14 days following the ASM for that year.

Signature of Applicant

Date

Date Received by Awards Committee: _____

Please attach Applicant's resume, photo and justification statement with application form.

