



# Associates Achievement Recognition Scholarship

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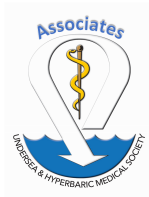
**Purpose:** The \$2,000 scholarship is intended to assist the recipient to be able to attend and present an abstract at the UHMS Annual Scientific Meeting (ASM). **The Completed Application must be emailed to [uhms@uhms.org](mailto:uhms@uhms.org) by April 29.**

## 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](mailto: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

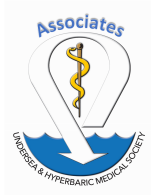
I have read and agree to the application requirements and selection criteria. I understand that if I am selected for the scholarship and accept the cash prize but do not follow through with the obligations stated above I will be responsible to pay back the \$2,000.00 in full within 14 days following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



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**Justification Statement** is to include, but not be limited to, information on how applicant fulfills the selection criteria; maximum 250 words. Resume and face photo of applicant must also be attached.

<b>Justification Statement</b>

**Note:** Completed applications must be received by the Associate's Council NLT April 29; 12 noon ET for the calendar year. Questions may be directed to: [uhms@uhms.org](mailto:uhms@uhms.org).