



BlueCross. BlueShield.

Illinois • Montana • New Mexico
Oklahoma • Texas

CIO Scholarship for BDPA Students

Scholarship Overview:

Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas are proud to be supportive corporate sponsors with BDPA. The Plans would like to provide \$5,000 in scholarships to recognize high school or college students with an interest in pursuing a 4- year academic program related to Information Technology. The scholarships for BDPA students will provide two \$2,500 scholarships to students to assist in their studies.

The scholarships will be offered at both the national and local level through the BDPA Education and Technology Foundation.

Eligibility Criteria:

- Be a citizen or permanent resident of the United States
- Be a high school or college student in good academic standing
- Be a member of BDPA
- Complete the enclosed Scholarship application packet
- Demonstrate academic achievement (minimum GPA of 3.3 on a 4.0 scale)

BDPA Scholarship Packet:

- Complete Scholarship Application Form
- Current official sealed transcript
- Letter of recommendation from a member of BDPA in a Leadership Role
- Passport-sized photo

Completed Application Packet should be postmarked by **July 31, 2015** and mailed to the following address:

Blue Cross Blue Shield of Texas
Attn: Denise Holmes
1001 E. Lookout Drive, Mailstop: B03-213
Richardson, TX 75082-4144

For questions: Contact Denise Holmes at denise_holmes@bcbstx.com

Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Student Applicant Information

Name : _____
(First) (Middle) (Last/Surname)

Address Line 1 : _____
(Number) (Street)

Address Line 2 : _____

(City) (State) (Zip Code)

Email : _____

Telephone : _____
(Mobile) (Home) (Other)

Parent/Guardian Information

Name : _____
Guardian (First) (Middle) (Last/Surname)

Email : _____

Telephone : _____
(Mobile) (Home) (Other)

Academic Information

High School : _____ GPA _____ Year _____

College : _____ GPA _____ Year _____
(Planning) N/A N/A

Major : _____
(Current/Planned)

Honors and Activities

Are you currently a BDPA Member? Yes No

If yes, which chapter? _____

Which year(s)? _____

Were you a member of the Chapter's HSCC Team? Yes No

If yes, which year(s)? _____

Do you plan to study in IT related disciplines? Yes No

List all your awards & honors that you have received (Use a separate sheet if needed)

List all your community involvement (Use a separate sheet if needed)

Recommendation

Name : _____
(First) (Middle) (Last/Surname)

Occupation : _____
 Retired (Company/Organization) (Job Title)

Relationship to the applicant _____

Year(s) knowing the applicant _____

Email : _____

Telephone : _____
(Mobile) (Home) (Work)

Application Checklist

- Complete Scholarship Application Form
- Official transcript from your school
- Essay on "2020 Innovation in Health Care" (500 words max)
- Passport size photo

Declaration and Signature

This is to certify that all information provided on this application and supplemental attachments are true and accurate. I understand this information will be reviewed and verified by the Blue Cross and Blue Shield Plans' BDPA Scholarship committee for scholarship consideration. I hereby authorize and consent to that review.

*Parent/Guardian signature is required for high school students

Print Student Name Signature Date

*Print Parent/Guardian Signature Date
Name

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