

2026 SCHOLARSHIP APPLICATION FOR CONTINUING EDUCATION ASSISTANCE

The Foundation will be providing two scholarships (undergraduate and graduate) on behalf of former Executive Director, Betty Hanna. Hanna served as HSPA's Executive Director for 48 years and was an integral part of the Association since its inception in 1958. She was committed to serving and supporting Sterile Processing professionals worldwide and she strongly encouraged individuals to continue their education and pursue professional advancement opportunities.

These scholarships will provide \$2,500 in educational assistance to a student seeking to pursue a secondary or graduate education in the healthcare field. The scholarship can be used for tuition and/or course materials.

To apply, applicants must meet the following criteria:

1. Be a member of HSPA;
Note: Please verify your membership status at myaccount.myHSPA.org to ensure you are a member and not solely a certification holder.
2. Be admitted to and enrolled in an accredited program, and provide the following documentation:
 - Proof of admission
 - Proof of class registration
 - Recent transcript verifying completion of at least one course (C or better)

Applications must include:

1. Completed application form (see page 2);
2. Two letters of recommendation from professional contacts, outlining the attributes that would make the applicant a good candidate for the scholarship; and
3. An essay, demonstrating academic excellence and commitment to the healthcare field. The essay should explain how the applicant views themselves contributing to the healthcare field with their chosen degree and how these potential contributions would enhance the profession as a whole. (Essay must be typed; 750-1000 words).

Completed applications must be submitted by **November 6, 2026 at 11:59 p.m. CST**. Selection reviews and candidate interviews will be completed by December, 2026.

Scholarships will be awarded through a one-time, lump sum check in the amount of \$2,500. Scholarship recipients will be asked to provide proof of class(s) registration before the check is granted.

Recipients will be announced in HSPA publications and on the HSPA website.

Note: The HSPA Foundation reserves the right not to award a scholarship for a particular year if the evaluations performed indicate that nominations do not meet the stated criteria or scholarship program standards.

Please submit completed applications by mail, fax, or email:

Mail: HSPA Foundation
55 West Wacker Drive
Suite 501
Chicago, IL 60601

Fax: 312.440.9474

Email: foundation@myHSPA.org

For questions or further assistance, contact HSPA at 312.440.0078 or foundation@myHSPA.org.

SECTION 1 — **APPLICANT INFORMATION**

Applicant First Name: _____ Applicant Last Name: _____

HSPA ID#: _____ Membership Expiration Date: _____

Note: Please verify your membership status at myaccount.myHSPA.org to ensure you are a member and not solely a certification holder.

Years of Service in Central Service/Sterile Processing: _____

Have you received a scholarship from HSPA previously? If yes, please list the scholarship details:

Are you seeking an: Undergraduate Degree ☐ Graduate Degree ☐

Cumulative GPA: _____ Expected Date of Graduation: _____

List Degree You are Pursuing: _____

PERSONAL INFORMATION

Home Address: _____ Apt/Floor/Unit: _____

City, State/Province, Zip/Postal Code: _____

Country: _____

Home Telephone: _____ Preferred Email: _____

EMPLOYMENT INFORMATION

Organization: _____

Current Position Title: _____

SECTION 2 — **LETTERS OF RECOMMENDATION**

All submissions must include two letters of recommendation from professional contacts, outlining the attributes that would make you a good candidate for the scholarship.

SECTION 3 — **ESSAY**

Please attach an essay, demonstrating your academic excellence and commitment to the healthcare field. The essay should explain how you view yourself contributing to healthcare with a degree in your chosen field, and how your potential contributions would improve the profession. (Must be typed; 750-1000 words).

APPLICATION CRITERIA & CHECKLIST

I meet the following requirements:

- ☐ 1. I am a current member of HSPA.
Note: Please verify your membership status at myaccount.myHSPA.org to ensure you are a member and not solely a certification holder.
- ☐ 2. I am currently enrolled in an accredited program, and have attached documentation of my enrollment and recent transcript.
- ☐ 3. I have already successfully completed at least one course (C or better).

- ☐ **Section 1: Applicant Information**
I have completed the applicant information and included my email for updates.
- ☐ **Section 2: Letters of Recommendation**
I have included two letters of recommendation from professional contacts.
- ☐ **Section 3: Essay**
I have attached my essay to the application.