



TAHQ Educational Grant Program Application

BIOGRAPHICAL INFORMATION

Name: _____

Preferred Address: _____

Title: _____

Current place of employment: _____

Daytime Phone: _____

Email: _____

If chosen, I agree to write an article for *TAHQ News* of at least 500 words on a topic related to the conference within one year of receiving the grant.

Name

Date

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PROFESSIONAL INFORMATION

1. Year joined TAHQ: _____

CPHQ certification number if applicable: _____

2. Are you a member of NAHQ? _____

3. Please describe your learning goals as they relate to healthcare quality:

4. Please describe your intended educational experience/program and how it will assist you to meet the stated learning goals:

5. Please state your current professional involvement in healthcare quality:

6. *Optional* statement of financial need:

Please send this form and required documentation to:

TAHQ
P.O. Box 5160
Bryan, TX 77805
Or fax to 979-703-8235