

The Nuesoft Technologies College Health Scholarship Program



GRANT APPLICATION FORM



Note: This form is available at www.nuesoftxpress.com

Date of Application: ____/____/____

Note: Deadlines for submission of proposals are **April 3** and **Sept. 4, 2009**

Organization Information

1. Name of College/University		2. Address		3. City	4. State	5. Zip Code
6. Telephone and Fax		7. Your Contact Name		8. E-mail Address		
T: (____) - ____ - ____						
F: (____) - ____ - ____		9. IT Contact Name		10. Number of students enrolled on campus		
11. Number of health center staff	12. Number of workstations requested	13. Which of the following best describes your health center?				
		<input type="checkbox"/> Health Center <input type="checkbox"/> Combined Health and Counseling <input type="checkbox"/> Counseling Center <input type="checkbox"/> Other: _____				
14. Your total annual operating budget (not including salaries)	15. For Fiscal Year End					
	____/____/____					

Proposal Information

Automation Features Most Desired

16. Please select from the list below the features of Nuesoft Xpress that you believe will most benefit your health or counseling center:

- Appointment Scheduler
 Immunization Module
 Student Portal
 EMR
 Billing Features
 Charge Capture

Questions For Review Committee

17. How does your health center currently handle appointment scheduling, immunizations, billing and other practice management functions?

18. In 200 or fewer words, explain the biggest challenge posed by the existing systems and operational practices you described in Question #17.

19. How does automation fit into your health center's strategic plan?

Your Pitch

20. Please explain why you believe you deserve this grant. Include your name and college's name. DO NOT exceed the space provided below, or your entry will be disqualified.