



ETOE™ Scholarship Application ©2025, CCHI

Scholarship Description

CCHI's ETOE™ Scholarship is awarded to practicing healthcare interpreters, holders of the CoreCHI™ certification, who are interested in pursuing the CoreCHI-Performance™ certification.

In Spring of 2025, up to five (5) scholarships, in the amount of \$302 each, will be awarded.

The 2025 Spring Cycle scholarships are sponsored by CCHI and attendees of the “Power of Practice” Mini-Conference (held on 2/22/25).

Scholarship Timeline

Spring Cycle:

Application submission: **April 1 – May 31, 2025**

Award announcement: **July 15, 2025**

ETOE exam taken by: **April 30, 2026**

Scholarship Eligibility Criteria

1. Scholarship applicants must reside in the U.S. or its territories (independent of their citizenship or immigration status).
2. Scholarship applicants must hold the CoreCHI™ certification that is active at least through 5/31/2025.
3. Scholarship applicants must meet the *current* CCHI requirements for language proficiency in the Language Other Than English (LOTE) for the CoreCHI-Performance™ candidates (for more info, see <https://cchicertification.org/certifications/eligibility/linguistic-proficiency/>). CCHI adopted stricter documentation requirements in November 2023.
4. Scholarship applicants must have worked as a healthcare interpreter for at least 3 months within the last 3 years, i.e., between April 1, 2022, and May 31, 2025. (A statement from a supervisor, scheduler, or other person who can confirm your work in a healthcare setting is required as proof. The statement may be a signed letter or an email delivered to the applicant from the supervisor/scheduler's email address; both must contain the name, email and phone number of the person confirming work experience.)
5. **Candidates for the CHI™-Arabic, Mandarin or Spanish certifications do NOT qualify.**

How to submit this application

1. Each applicant must submit the complete **application** and **proof** of providing interpreting services in healthcare settings for at least 3 months within the last 3 years. **Both documents must be submitted electronically via email to scholarship@cchicertification.org as attachments (in PDF or MS Word format).**
2. Make sure to follow the length requirements for each written answer.
3. Only one application per person is allowed within a scholarship cycle.
4. Make sure to answer all questions, check all relevant boxes, and complete all sections, save this file with a name that includes your last name. Incomplete applications are not reviewed.
5. Applications received after the stated deadline are not reviewed.

* If you need more space, add it in a corresponding question/section as needed. This blank application consists of five (5) pages.

Selection Process

- CCHI Scholarship Committee reviews the first 50 *complete* applications submitted within the announced deadline.
- Applicants must meet the *Scholarship Eligibility Criteria* described above.
- Applicants must agree to all terms of Section 2 of the application (check all boxes and sign).
- **CCHI representatives may contact finalists for an over-the-phone/teleconferencing interview as part of the selection process.**
- CCHI Scholarship Committee awards scholarships based on merit.
- Scholarships will be awarded to maximize the diversity of working languages.
- The number of scholarships awarded depends on the funds available and is subject to change. CCHI reserves the right to suspend or discontinue scholarship awards at any time and without any notice.

**** Reminder: This scholarship is *not* available to Arabic, Mandarin or Spanish interpreters.**

SECTION 1 – Personal Information

CCHI Privacy Statement: CCHI will not display or release any addresses, phone numbers or email addresses in connection with this submission.

1. Applicant’s name:

First name: _____ Middle name: _____

Last name: _____

2. Main contact information:

Please specify: home business

Your main email address for contact by CCHI:

Mobile Phone: _____ Alternate phone: _____

Street address: _____

City: _____ State: _____ Zip: _____

3. Personal Demographics:

Gender: Female Male Other (indicate if desired) _____

Age (Must be 18 years of age or older): 18 to 30 31 to 45 46 to 60 >60

Race (U.S. Census categories): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

4. Your language of interpreting (i.e., primary non-English working language) (*****Reminder: this scholarship is not available to Arabic, Mandarin or Spanish interpreters.*****):

SECTION 2 – Statements of Eligibility and Release of Liability

Please check all boxes to indicate your agreement and acceptance of terms and sign.

- I attest and confirm that I hold the CoreCHI™ certification which does **not** expire before May 31, 2025.
- I attest and confirm that at this time I reside within the United States or Puerto Rico. (I understand that if I am awarded a scholarship, I must take the ETOE™ exam at a test center available at the time of award and located in the U.S. or Puerto Rico.)
- I attest and confirm that I have worked as a healthcare interpreter (either a freelancer or staff) for at least 3 months within the last 3 years *and* have documentation to verify this.

I'm attaching a statement verifying my work experience from:

Name of the verifying person: _____

Role of the verifying person (e.g., supervisor, scheduler, etc.):

Email address of the verifying person:

Phone number of the verifying person: _____

- I attest and confirm that I meet the current CCHI requirements for language proficiency in my Language Other Than English (LOTE) for the CoreCHI-Performance candidates (for more info, see <https://cchicertification.org/certifications/eligibility/linguistic-proficiency/>).

Type below what document you have that confirms your language proficiency in your LOTE (keep in mind the document must clearly identify your language):

- I understand that a CCHI representative may contact me for an over-the-phone interview in connection with this application as part of the selection process. I agree to be available for such an interview within 3 business days of the notification by CCHI via email.
- I agree to be bound by the decisions of CCHI, which shall be final and binding in all respects. CCHI awards the scholarship at its sole discretion, and may disqualify any applicant.
- I hereby grant CCHI an irrevocable, perpetual, royalty-free, non-exclusive license to use, distribute, reproduce, modify, adapt, publish, and publicly display my essay submitted with this application (in whole or in part), and to incorporate such essay into other works, in any format or medium.
- I agree and consent to the use of my name and likeness/photograph in connection with any publicity, advertising, and promotion activities related to CCHI's overall promotion of the ETOE™ exam

and its ETOE™ Scholarship, specifically.

If I am awarded a scholarship, I agree to be available for promotional activities (such as an over-the-phone, in-person or video interview, providing my photo in a digital format, etc.) scheduled at mutual convenience within 30 days of the date of award.

I agree that if I am awarded a scholarship, **I will schedule and take the ETOE™ exam by April 30, 2026.** (If this requirement is not met, the scholarship recipient will have to pay the full ETOE™ examination fee in effect after 04/30/2026.)

I understand that if I am awarded a scholarship, I must take the ETOE™ exam at a test center available at the time of award and located in the U.S. or Puerto Rico.

I confirm that I provide (or intend to provide) interpreting services to the U.S.-based health systems or language companies that serve U.S.-based patients.

I acknowledge and understand that CCHI awards the scholarship only if necessary funds are available. CCHI reserves the right to cancel the scholarship at any time.

I agree to indemnify and hold harmless any and all directors, officers, agents, and employees of CCHI from any and all liability arising in connection with this application and scholarship award.

I certify that all of the information that I have provided in connection with this application is accurate and complete to the best of my knowledge and ability. I certify that I am the author of the essay included in this application.

I acknowledge that I have read all of the above statements in Section 2 and know and understand their contents.

Signature: _____ **Date:** _____

SECTION 3 – Please provide your *bio* (length: 200-400 words):

[{Type your bio here.}](#)

SECTION 4 – Professional Interpreting Experience (total length for all 3 topics: 500 - 1,000 words)

Note: All content must be written in English by the applicant without the use of any translation or language-generation software.

1. Describe your involvement in the community and interpreting profession related to language access. List any volunteer work or community activities in which you have participated during the last 3 years.

[{Type your response here.}](#)

2. Describe your healthcare interpreting practice (experience). Please include demographics of patients you typically work with, type of interpreting encounters, and medical specialties.

[{Type your response here.}](#)

3. Provide some insights you have gained from interpreting challenges you have experienced (include 2-3 situations you wanted to debrief with a colleague about).

[{Type your response here.}](#)

Thank you for submitting your application to CCHI!