

**MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION
SCHOLARSHIP AWARD APPLICATION**

PLEASE PRINT or TYPE

NAME _____ **DATE** _____

MAILING ADDRESS:

Street/P/O/Box _____

City _____ **State** _____ **ZIP** _____

PHONE:

(_____) _____ **AHIMA Membership #** _____

STATEMENT OF UNDERSTANDING:

I, _____ understand that
Name of Applicant

1. the award may be received only once;
2. this application will be reviewed by members of the Scholarship Award Project members of the Michigan Health Information Management Association;
3. the contents of this application will otherwise be kept confidential, but may be released for publicity purposes concerning the recipients of the Scholarship Award;
4. I authorize the release of my grade point average by the Program Director of the college or university in which I am enrolled, (HIT/HIM applicants only);
5. I understand that I have the responsibility for requesting a transcript of my grades from the American Health Information Management Association. (ISP Applicants only);
6. the moneys from the scholarship award will be used for educational costs for continuing in an accredited HIT/HIM program;
7. my signature below indicates that I agree to the above statements and hereby acknowledge that the information in this application is true and correct.

_____ **Date** _____

Applicant's Signature

PROGRAM DIRECTOR STATEMENT:

_____ is a student in the Health Information Program (or enrolled in the Independent Study Program) and will complete degree requirements (or all modules) by _____.

The student's cumulative overall grade point average is _____

Program Director's Signature: _____ Date: _____

Program: _____

PROGRAM DIRECTOR: Please provide a brief letter of reference for the above named student. Be sure to address your assessment of his/her potential for professional leadership.

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APPLICANT: Please complete the following:

ORGANIZATIONS (list organizations, association, and activities in which you have been a member and list offices and/or appointments).

ORGANIZATION	TYPE OF PARTICIPATION (Member, Officer, etc.)	DATES

COMMUNITY SERVICE (list names of community service activities, e.g., Girl Scouts, church activities, service clubs).

ORGANIZATION	TYPE OF PARTICIPATION	FREQUENCY	DATES

HONORS, AWARDS, RECOGNITION (give name of and year received).

WORK EXPERIENCE (begin with most recent position and work back. Give job title, brief narrative description of responsibilities and average number of hours worked per week).

JOB TITLE	RESPONSIBILITIES	HOURS/WEEK	DATE

APPLICANTS STATEMENT: In fewer than 250 words, answer the following:

What suggestions would have to assist MHIMA in the recruitment of new students to HIM?

Why do you feel you should be awarded this scholarship? Please address the following:

Your participation in promoting the health information profession and how the scholarship will help in finishing your education.

Please type statement and attach to application.

RETURN SCHOLARSHIP APPLICATION FORM TO:

**Kim Buti, RHIA, Project Manager, Awards
C/O MHIMA Central Office
3311 David-Bee Street
Muskegon, MI 49444
231-767-9717; 231-767-2557 - fax
E-mail: kbuti@med.umich.edu**

DEADLINE: Postmarked by March 15, 2010