



NCHIMA-BHS 2012 SCHOLARSHIP

The NCHIMA-Behavioral Health Section offers one \$500 scholarship on an annual basis. In order to be eligible for the scholarship the following criteria must be met:

1. You must be
 - a. Full-time or part-time student
 - b. A U.S. citizen and a North Carolina resident
 - c. In good standing in an accredited Health Information Management, Health Information Technology Program, or in a Master's level HIM Program in North Carolina.
 - d. A current student member of AHIMA
 - e. Must have at least one full semester of classes remaining in your course of study at the time the award is granted in June 2012
2. You must have a minimum GPA of 3.0 in college work completed. Official transcript required.
3. Obtain recommendation from your Health Information Management Program Director (HIM students) Health Information Technology Program Director (HIT students) or Health Information Management Master's Level Program Director (Graduate students) along with two (2) additional letters of recommendations.
4. Submit a typed resume.
5. Completion of the NCHIMA Scholarship Application.

The application deadline is **May 23, 2012**, in order for the Education Committee to evaluate all applications and notify the recipient. Applications postmarked after the application deadline will not be returned or considered.

APPLICATION INSTRUCTIONS:

The applicant should send the application form to the address below. The applicant should request that the following be sent to the same address:

1. Official transcript indicating overall GPA - **Be sure to instruct the Registrar's Office to redact your protected information such as, social security number, DOB, etc.**
2. Recommendation from Program Director or current employer
3. Two additional letters of recommendation. Recommendations from relatives or friends are not acceptable.

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Stedman, NC 28391
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Phone: 910-303-5229

NCHIMA - BHS Scholarship Application

Name: _____

Master's Level HIM Student _____ HIM Student _____ HIT Student _____

Home Address: _____

Telephone Number: _____ Cell Phone: _____

Email Address (optional): _____

School Address: (if different from home) _____

Student Member NCHIMA ___yes ___no NC Resident ___yes ___no

Name of Program Director: _____

Name of School: _____

Address of School: _____

Telephone Number: _____

Name of Hometown Paper: _____

Address: _____

College or Community Awards: _____

Recent Participation in Community or School Activities: _____

Also include:

1. A statement of no more than two pages stating your ambitions and reasons for choosing a career in health information.

2. A statement of one page setting forth accomplishments that you think help you qualify for this scholarship.

Date: _____ Signature: _____