



NCHIMA-BHS SCHOLARSHIP

The NCHIMA - Behavioral Health Section offers one \$500 scholarship on an annual basis.

Scholarship eligibility criteria:

1. You must be a U.S citizen and a North Carolina resident
2. You must be a student enrolled (full-time or part-time) in an accredited health information program in North Carolina
3. You must have at least one full semester of classes remaining in your course of study at the time the award is granted in August 2010.
4. You must be a current student member of AHIMA.
5. You must have a grade point average of at least 3.0 on a 4 point scale

The application deadline is **May 16, 2010** in order for the education committee to evaluate all applications and notify the recipient. Applications postmarked after the application deadline will not be returned nor considered.

If you are interested, submit the application and necessary documentation to the address below. If you would like additional information, please contact:

Wanda Green, RHIT
NCHIMA - Behavioral Health Section
Education Chair
wgreen@srmhc.org
Phone: 910-272-1211

Mail completed applications to:

Wanda Green, RHIT
NCHIMA - Behavioral Health Section
Education Chair
Southeastern Regional MH/DD/SAS LME
450 Country Club Road
Lumberton, NC 28360

NCHIMA-BHS Scholarship Application

Applicant Information

Name:

HIM Program:

Health Information Management

Health Information Technology

Home Address:

City:

State:

ZIP:

Home Phone:

NCHIMA Student Member?

YES ID# _____
(required)

NO

North Carolina Resident?

YES

NO

School Information

Name of School:

School Address:

Program Director:

Director's Phone No.:

Program Director's email:

Community Newspaper Information

Name of hometown newspaper:

Address:

City:

State:

ZIP:

Community Awards Received

Community/School Activities

Additional Items to Include

Also include:

1. A statement, no more than two (2) pages, stating your ambitions and reasons for choosing a career in health information.
2. A statement, no more than one (1) page, describing accomplishments that you think qualify you for this scholarship.
3. Three (3) letters of recommendation (At least one from your school advisor. Family and friends are not acceptable)
4. Transcript including overall GPA.
5. Copy of your resume

I certify that the information provided in this application is, to my knowledge, correct. Any false information or statement made in this application will constitute cause for denial of my application for the scholarship.

Signature of Applicant

Date

NCHIMA-BHS Scholarship Application

APPLICANT REFERENCE FORM

_____ has applied for the North Carolina Health Information Management Behavioral Health Section's (NCHIMA-BHS) scholarship and listed you as a reference. Please complete and return this form no later than **May 16, 2010**.

1. How long have you known the applicant and in what capacity?

2. Do you believe the applicant will be successful in the health information management profession? Why?

3. What is your evaluation of the applicant's academic ability?

4. Are there unique factors that make the applicant especially worthy of receiving his scholarship?

5. Please provide additional comments (Please use the back of page if additional space is needed)

Signature

Date

Please return this form to:

Wanda Green, RHIT
NCHIMA- BHS - Education Chair
Southeastern Regional MH/DD/SAS LME
450 Country Club Road
Lumberton, NC 28360