

NCHIMA Scholarship Instructions

The Education Committee of the North Carolina Health Information Management Association is pleased to announce that they will be receiving applications for the NCHIMA scholarships.

Three scholarships, in the amount of \$500 each, will be awarded to a HIM student, a HIT student and a Master's Level HIM Program student. Awards will be announced at the NCHIMA Annual Meeting.

In order to be eligible for any scholarship the following criteria must be met:

1. You must be
 - a. Full-time or part-time student
 - b. In good standing in an accredited Health Information Management, Health Information Technology Program, or in a Master's level HIM Program in North Carolina.
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.

We encourage all that are eligible to apply and take advantage of this opportunity and honor.

APPLICATION INSTRUCTIONS:

This application must be postmarked on or before **April 1** in order for the Education Committee of NCHIMA to evaluate it and notify the Recipient. Notification will be made no later than May 1.

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
2. Recommendation from Program Director or current employer
3. Two additional letters of recommendation. Recommendations from relatives or friends are not acceptable.

Cynthia Allen Coe, RHIA
Education Committee Chairperson
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Stedman, NC 28391
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NCHIMA 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: _____