

American Health Information Management Association
233 N. Michigan Ave., Suite 2150
Chicago, IL 60601-5800

(312) 233-1100
www.ahima.org
fore@ahima.org

Application Deadline—May 31, 2004

Eligibility Requirements

1. Applicant must be a credentialed HIM professional and must be an active or associate member of AHIMA.
2. Applicant must be accepted for enrollment in a college or university accredited by a nationally recognized accrediting agency and hold a bachelor's degree.
3. Applicant must have a minimum cumulative GPA of 3.0 (out of 4.0) or 4.0 (out of 5.0).
4. Applicant must be taking a minimum of eight quarter hours/six semester hours and be pursuing, at a minimum, a master's degree in a program related to HIM. Applicants should not be completing final courses before December 2004.

All Applications *Must Include*:

1. *Completed application form* (pages 2 to 4).
2. *One-page essay*, describing how this degree will help you to advance the HIM field (see page 4).
3. *Verification of enrollment form*, signed and completed by your program director (page 6). A letter of provisional acceptance is not acceptable. **Part-time students must provide a sequence of courses to graduation verified by your program director or advisor.**
4. *Three references*. References should be educators and employers who can provide an evaluation of your professional and academic performance. **At least one educator's reference is required. If an educator's reference cannot be obtained, enclose a letter explaining the circumstances.**
5. *Official transcripts* from the three most recent post-secondary institutions attended. Do not include transcripts from more than 10 years ago **unless** they are the only ones available. **Applications cannot be considered for award without all applicable official transcripts.** *Official transcripts are issued by your school in a sealed envelope with the school's stamp.*

Mailing Your Application

1. Mail application to:
AHIMA/FORE, Attn: Graduate Scholarships
233 N. Michigan Ave., Suite 2150
Chicago, IL 60601-5800

Applications must arrive no later than May 31, 2004.

2. It is recommended that an application be mailed in its entirety. **Do not place application in binders, folders, or plastic covers.**
3. All applicants will be notified of their status no later than August 31, 2004. Awards will be mailed directly to all recipients.
4. **Please do not call to verify receipt of your application. Verification of receipt will be sent via mail.**

Selection Criteria

Each eligible application will be reviewed and rated by the Foundation of Research and Education (FORE) Scholarship Review committee. The committee rates applications based on the following criteria, in order of importance: Grade Point Average and Academic Achievement, Volunteer and Work Experience, Commitment to the HIM Profession, Suitability to the HIM Profession, Quality and Suitability of References Provided, and Clarity of Application.

Applicants are eligible to receive one scholarship per year. Applicants may be awarded a scholarship and a loan simultaneously (loan applications are available on AHIMA's Web site). When a student is awarded a sponsored scholarship, FORE reserves the right to notify the sponsor of the applicant's name, contact information, and school.

Scholarships range from \$1,000 to \$5,000. The number of available scholarships varies each year.

Underwritten Scholarships

FORE thanks the following companies, foundations, and individuals for their generous underwriting of Graduate Scholarships:

3M Health Information Systems (Jimmy Gamble memorial Scholarship); **MC Strategies, Inc.**; **AHIMA** and member donations (Rita Finnegan Memorial Scholarship); **Care Communications, Inc.**; **MedQuist Inc.**; **Redi-Tag Corporation**; **The Esther Mayo Sherard Foundation**; **Aspen Systems Corporation**; **Smart Corporation**; **The Ruth Wyeth Spears Trust** (Lucretia Spears Scholarship); **Ingenix Companies** (Julia LeBlond Memorial Scholarship); **KLAS Enterprises**; **Craig Hospital** and member gifts (Viola Griffin Memorial Scholarship); **David A Cohen** (David A. Cohen Scholarship); **FORE Foundation**; and member donations through the Not-So-Silent Auction.

Applicant Information

Please check the credentials held:

<input type="checkbox"/> RHIA	<input type="checkbox"/> RHIT
<input type="checkbox"/> CCS	<input type="checkbox"/> CCS-P
<input type="checkbox"/> CCA	<input type="checkbox"/> CHP
<input type="checkbox"/> CHS	<input type="checkbox"/> CHPS
_____ Other Credential(s)	

First _____ Last _____

Maiden Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ E-mail _____ AHIMA ID Number (required) _____

Current Educational Institution

School _____ Telephone _____

Address _____ Fax _____

Degree Sought _____

Area of Concentration _____

Please Check One: Part-time Student Full-time Student _____ Date Studies Began _____ Expected Graduation Date

Educational History

List, in chronological order, all post-secondary institutions attended, including two-year and four-year colleges, universities, and vocational and professional schools. **Official transcripts are required from the three most recent post-secondary schools you have attended.** Do not include transcripts from more than 10 years ago, unless they are the only ones available. An official transcript is issued by your school in a signed, stamped, and sealed envelope.

Name/State	Field of Study	Attendance Dates	Degree/Year

Professional References

List three references who will provide letters of recommendation. References should be educators and employers who can provide an evaluation of your professional and/or academic performance.

Name	Address	Relationship to Applicant

Submission of fewer than three references may unfavorably affect your likelihood of receiving a scholarship.
At least one educator's reference is required. If an educator's reference cannot be obtained, applicant must enclose a letter explaining the circumstances.

Experience—Professional and Volunteer

Current Employment

Employer _____ Supervisor _____

Address _____ Length of Employment _____

Job Responsibilities:

Please See Attached Resume

Previous Employers

List your previous employers, including dates of employment, name and location of employer, and your position and title. Provide a brief description of your responsibilities while working for each employer.

Please See Attached Resume

Professional and Volunteer Experience

1. Describe your involvement in local, state, or national HIM association and volunteer activities. Explain your role in each (for example, served on committee, organized event, attended event, and so forth).

2. Describe all other volunteer experiences and community activities you participate in, which you feel support your career in HIM.

Please attach additional pages as necessary.

Statement of Objectives

1. What do you see as current or upcoming challenges in the field of health information management (HIM)? What changes do you see happening in the field in order to meet these challenges? **Dot Wagg Memorial Scholarship applicants only:** please address specifically the impact of **legal** issues on HIM.

2. What are your long-term professional objectives?

Please attach additional pages as necessary.

Essay

Please attach a one-page essay, describing how this degree will help you to advance the HIM field. *If applying for the Dot Wagg Memorial Scholarship (preference to JD candidates) please specifically describe how you will apply your legal training to the advancement of HIM.*

Eligibility

You will automatically be considered for all scholarships for which you are eligible. Please provide the following information to ensure you are considered for every applicable award:

1. Ethnicity:

- African American, not of Hispanic Origin
- Alaskan Native
- Asian/Pacific Islander
- Caucasian, not of Hispanic Origin
- Hispanic/Latino
- Native American
- Other _____

2. Are you married?

- Yes
- No

3. Do you have any dependent children?

- Yes
- No

4. Have you received a FORE Merit Scholarship in the Past?

- Yes
- No

If so, which one?

Please indicate how/where you learned about FORE Merit Scholarships.



APPLICANT _____
LAST NAME, FIRST NAME

**FORE GRADUATE
MERIT SCHOLARSHIPS
2004**

Attn: FORE Graduate Scholarships
American Health Information Management Association
233 N. Michigan Ave., Suite 2150
Chicago, IL 60601-5800
Telephone: (312) 233-1100

Evidence of Program Acceptance

Instructions to Applicant:

After writing your name in the appropriate blank, give this letter to the director of the educational program in which you are accepted for enrollment. **Return this form and any necessary attachments to FORE with your application.**

Instructions to Program Director:

The student named below has applied to FORE for a merit scholarship. In order to review the application, we must verify this student's enrollment in at least a master's level program. **If this student is enrolled in your program, please complete this form.**

This letter verifies that _____, an applicant for a merit scholarship
Student's Name

from the Foundation of Research and Education of AHIMA, is enrolled in the _____
Program Name

_____ program at _____.
Name of University or College

Anticipated date of degree completion _____.

This school is accredited by a nationally recognized accrediting agency. Please list accrediting agencies.

For part-time students:

- Student takes at least eight quarter hours/six semester hours.
- The planned sequence of courses leading to attainment of the student's degree **must** be attached and **verified by program director or advisor.**

Name of Program Director (please print) Date

Signature of Program Director

University or College

Telephone