

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

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

Eligibility Requirements

Undergraduate Applicants

1. Applicant must be accepted for enrollment in a health information administration (HIA) or health information technology (HIT) program accredited by the Commission on Accreditation of Allied Health Education Programs or must be enrolled in a coding specialist program affiliated with a regionally accredited college or university.
2. Applicant must be in pursuit of a degree or certificate.
3. Applicant must be a member of AHIMA.
4. Applicant must be a United States citizen.
5. Applicant must be making satisfactory progress towards graduation.

Graduate Applicants

1. Applicant must be a credentialed HIM professional (RHIA, RHIT, CCS, CCS-P, CHP, CHS, CHPS, or CCA) and a member of AHIMA.
2. Applicant must hold a bachelor's degree and be pursuing at least a master's degree in an HIM-related field.
3. Applicant must be a United States citizen.
4. Applicant must be making satisfactory progress towards graduation.

All Applications **Must Include:**

1. Completed Application Form (pages 2–4).
2. Verification of acceptance form signed and completed by your program director (page 5). A Letter of Provisional Acceptance is not acceptable.
3. Official transcript from your current course of study. *Official transcripts are issued by your school in a sealed envelope with the school's stamp.*
4. Notary Public's signature and stamp (page 4)
5. A Guarantor's name, contact information, and social security number (page 4). *Your guarantor will be contacted only in the event that you do not repay your loan in a timely manner.*

Mailing Your Application

1. Mail application to: AHIMA/FORE, Attn: FORE Loans, 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.
3. ***Please do not call to verify receipt of your application.*** Verification of receipt will be sent via mail.

Selection Criteria

Each eligible application, along with the applicant's credit report, will be reviewed by the Foundation of Research and Education (FORE) staff and AHIMA's Financial Services Department. Loans are granted based on the reviewers' assessment of your demonstrated need and your ability to repay a loan, were it granted.

Funds Available

Coding Specialist Program—up to \$1,000

Technology Program—up to \$2,000

Administration Program or Graduate Program—up to \$5,000

Loan Procedures

Execution of Promissory Note and Guaranty: Each loan will be executed by a promissory note and guaranty. Loan recipients will be allowed 21 days to return the promissory note and guaranty. If these documents are not returned within the required time period, the loan offer will be cancelled.

The loan recipient and the guarantor will be liable for repayment of the loan together with any interest thereon and any expenses incurred by the Foundation to collect the loan. The guarantors must be citizens of the United States or its territories.

Repayment Terms: Upon graduation from the approved course of study, the loan recipient is required to repay the loan within three years. Repayment of the entire loan, together with interest calculated thereon from the date of the loan, will commence six months following graduation or after cessation of enrollment from the school. **If the recipient does not complete the approved course of study, the entire unpaid balance of the principal and accrued interest must be repaid at maturity.** Individuals who do not repay their loan in its entirety will be reported to the credit bureau.

Finance Charge: **The unpaid balance of the loan shall accrue at an interest rate of 8 percent per annum.**

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) _____

Applicant is a current US citizen Yes No Social Security Number _____

Current Educational Institution

School _____ Telephone _____

Degree Sought _____

Area of Concentration _____

Date Studies Began: _____ Expected Graduation Date: _____

Please Check One: Part-time Student Full-time Student

Current Employment

Employer _____ Supervisor _____

Address _____

Job Title _____

Length of Employment _____ Gross Monthly Income _____

Financial References

Credit References

Company Name	Address	Account Number	Account Type	Unpaid Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bank References

Company Name	Address	Account Number	Account Type	Unpaid Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Financial Summary

Net Income (Annual)

Yours: _____

Spouse's: _____

Other Income:* _____

Total Annual Resources: _____

* Including alimony, child support, and so forth.

Savings/Support

Family: _____

Scholarships: _____

Expenses

Housing/Utilities: _____

Tuition/Fees: _____

Financial Obligations

Indicate whether you have any of the following outstanding financial obligations. Include the name and addresses of each business or institution to which you are obligated, in addition to details of the obligation.

<input type="checkbox"/>	Educational Loans		
	Issued by:	_____	
	Original Balance:	_____	Unpaid Balance: _____
<input type="checkbox"/>	Government Loans		
	Issued by:	_____	
	Original Balance:	_____	Unpaid Balance: _____
<input type="checkbox"/>	Mortgage		
	Issued by:	_____	
	Original Balance:	_____	Unpaid Balance: _____
<input type="checkbox"/>	Auto		
	Issued by:	_____	
	Original Balance:	_____	Unpaid Balance: _____
<input type="checkbox"/>	Credit Card		
	Credit Company:	_____	
	Original Balance:	_____	Unpaid Balance: _____
<input type="checkbox"/>	Other		
	Issued by:	_____	
	Original Balance:	_____	Unpaid Balance: _____

Other Loans

List all other scholarships, internships, assistantships, or educational loans for which you are applying.

Funding Source	Amount Applied For	Amount Secured	Date Granted/Denied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information

On a separate sheet of paper, please attach any additional pertinent information that would be helpful in assessing your need for a loan (for example, dependent children, care for an elderly family member, and the like).

Loan Request

I hereby apply for an education loan in the amount of \$ _____ under the terms of the Student Loan Program of FORE. In making this request, I acknowledge my full responsibility to repay this loan under the conditions of the note, which, **I understand, I will be required to sign. I also agree:**

- To promptly answer all communications concerning my obligation
- To keep FORE informed of any change of address for myself or for my guarantor
- To provide annual verification of my enrollment
- To notify FORE immediately if I find it necessary to withdraw from my study program, as long as any portion of said loan remains unpaid
- To make monthly payments of principal and interest beginning six months after completing my study program, until the loan is repaid, all in accordance with the terms of such note

I hereby authorize the Foundation of Research and Education of AHIMA, or any credit bureau employed by them, to investigate the references herein listed, or statements or other data obtained from me or any other person pertaining to my credit responsibility, and to supply further information if requested. The Foundation of Research and Education is authorized to answer any questions about its credit experience with me.

Date: _____ Signature: _____

The above signed applicant for a loan from FORE represents that the foregoing information is true and correct as of the date of this application, to the best of the knowledge of the applicant.

(Seal)

Notary Public Date

Guarantor

All applicants must have a guarantor. The guarantor will be contacted only in the event that the loan recipient does not repay their loan in a timely manner, and will held liable, along with the loan recipient, for any unpaid amount. **The guarantor should sign below in the presence of a Notary Public.**

I, _____, have read the foregoing application in full and acknowledge that the information is true and correct, and that to my knowledge _____ is applying for a student loan in the amount of \$ _____ to further his/her education.

Date: _____ Signature: _____

Address: _____ Relationship: _____

Daytime Phone: _____ Social Security Number: _____

(Seal)

Notary Public Date



APPLICANT _____
LAST NAME, FIRST NAME

FORE ACADEMIC LOAN APPLICATION 2004

Attn: FORE Loans
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 health information educational program in which you have been accepted. **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 loan. In order to review the application, we must verify this student's acceptance in an approved health information education program. **If this student has been accepted to your program, please sign this letter.**

This letter verifies that _____, an applicant for a loan from the
Student's Name
Foundation of Research and Education of AHIMA (FORE), has been accepted for enrollment in the _____
Program Name
_____ program at _____.
Name of University or College

- If this is a HIA/HIT program, please check here to indicate that it is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).
- This student is making satisfactory progress towards graduation.

Name of Program Director (please print) Date

Signature of Program Director

University or College

Telephone