

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 enrolled in a health information administration or health information technology program accredited by the Commission on Accreditation of Allied Health Education Programs and cannot be completing studies before December 2004.
2. Applicant must be a member of AHIMA.
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 a degree.

### All Applications *Must* Include:

1. *Completed application form* (pages 2 to 4).
2. *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 attach their sequence of courses toward graduation, certified by the program director or advisor.**
3. *Three references.* References should be educators and/or 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.**
4. *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. If no post-secondary transcripts are available, include an official high school transcript. **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: Undergraduate 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 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 Undergraduate 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); **Craig Hospital** and member donations (Viola Griffin Memorial Scholarship); **James A. Blaylock** (Annie Blaylock Memorial Scholarship); **David A. Cohen** (David A. Cohen Scholarship); **Precyse Solutions Inc.**; **KLAS Enterprises**; **Healthcare Contract Resources** (Sanfra Key Memorial 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
<i>Program Enrolled In:</i> <input type="checkbox"/> HIT Program <input type="checkbox"/> HIA Program	
<i>Please Check One:</i> <input type="checkbox"/> Part-time Student <input type="checkbox"/> 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, 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. **If you have not completed any post-secondary work, include an official high school transcript.** 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 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:

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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.

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Please See Attached Resume

#### Professional and Volunteer Experience

1. What skills have you gained in your past or present employment that have prepared you for a position in the HIM field?

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2. 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 the like).

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3. Describe all other volunteer experiences and community activities you participate in, which you feel better prepare you for a career in HIM.

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*Please attach additional pages as necessary.*

**Statement of Objectives**

1. Why have you chosen a career in health information management (HIM)?

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2. What do you see as current or upcoming challenges in the field of HIM? What changes do you see happening in the field in order to meet these challenges?

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3. What are your long-term professional objectives?

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*Please attach additional pages as necessary.*

**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. Are you returning to school to enter HIM as a second career?

- Yes
- No

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

- Yes
- No

If so, which one?

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

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APPLICANT \_\_\_\_\_

LAST NAME, FIRST NAME

**FORE UNDERGRADUATE  
MERIT SCHOLARSHIPS  
2004**

Attn: FORE Undergraduate 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 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 for a FORE merit scholarship. In order to review the application, we must verify this student's acceptance in an accredited health information educational program. **If this student has been accepted to your program, please complete this form.**

This letter verifies that \_\_\_\_\_, an applicant for a merit scholarship from the  
Student's Name

Foundation of Research and Education of AHIMA, has been accepted for enrollment in the health information program at

\_\_\_\_\_  
Name of University or College

Anticipated date of degree completion \_\_\_\_\_.

This school is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

**For part-time students:**

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

\_\_\_\_\_  
Name of Program Director (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
University or College

\_\_\_\_\_  
Telephone