



Scholarship Application Form

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____

State: **VA** Zip: _____ Phone: _____ E-mail: _____

Current Credentials, if any: _____ Credentials being Sought: _____

Currently a member of AHIMA? Yes No

College or Independent Study Program where currently enrolled:

Date Enrolled in Program: _____ Expected Date of Completion: _____

Have you received a VHIMA Scholarship within the past 5 years? Yes No

If yes, what year? _____

Describe your Career Goals:

Describe how you will use the scholarship award (50 words):

I attest that all information is accurate and true:

Applicant's Signature

Date:

Program Director's Signature

Date:

Check and Enclose the Following Documents:

- _____ Current Transcript
- _____ Three Written Recommendations (one from Program Director)
- _____ Supporting Documentation of State/Local/ HIM/School Association Volunteer Activities
- _____ Supporting Documentation of Community Involvement