

**VIRGINIA HEALTH INFORMATION MANAGEMENT  
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 (5 years):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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