



## 2017 SCHOLARSHIP APPLICATION FORM

<b>Name</b>	(Last)	(First)	(Middle Initial)
<b>Address</b>	(Street)	(City)	(State) (Zip Code)
<b>Contact Phone Number</b>		<b>Email Address</b>	

### Current Educational Institution

<b>School Name</b>			
<b>School Address</b> (Street)	(City)	(State)	(Zip Code) <b>Phone Number</b>
<b>Program Enrolled In:</b> <input type="checkbox"/> HIA <input type="checkbox"/> HIT <input type="checkbox"/> CCS <input type="checkbox"/> Other _____ <span style="margin-left: 150px;">(please describe)</span>			
<b>Student Status:</b> <input type="checkbox"/> Full-time Student <input type="checkbox"/> Part-time Student			
<b>Date Studies Began:</b> _____		<b>Expected Graduation Date:</b> _____	

### Informational Questions:

Are you a member of: (check all that apply)    THIMA    VHIMA    AHIMA

Have you received a THIMA scholarship award within the past 10 years?    yes    no  
 If yes, please provide year of award: \_\_\_\_\_

### Checklist for a complete Application Packet:

- Scholarship Application Form
- Official Transcript(s)
- Copy of AHIMA Registration Certificate, if applicable
- Letter of Reference
- Resume
- Essay

***I attest that all the information above is true and accurate.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_