



2018 SCHOLARSHIP APPLICATION FORM

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

Current Educational Institution

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

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: _____