

ALASKA HEALTH INFORMATION MANAGEMENT ASSOCIATION
SCHOLARSHIP APPLICATION FORM
for the
ALECIA GRAHAM MEMORIAL SCHOLARSHIPS

INSTRUCTIONS:

1. Complete this application to apply for an Alaska Health Information Management Association (AKHIMA) Scholarships and submit to AKHIMA at the address below.
2. Attach an essay of approximately 500 words, explaining why you are interested in pursuing a career in Health Information Management.
3. Request a copy of your college transcript to be sent to AKHIMA, or attach your student copy to this application.
4. Request two letters of professional reference to be sent AKHIMA.

.....

I hereby make application for one scholarship from the Alaska Health Information Management Association. I have received and read the AKHIMA Scholarship Application Criteria.

Name: _____

Address: _____

Telephone Number: _____

Name and address of college: _____

Graduation date (if applicable): _____

Previous Academic Experience: (check applicable boxes)

() Some college: Total number of credits _____ Area of study _____

() Associates degree in _____

() BA or BS degree in _____

() MS or MA degree in _____

() Post-Baccalaureate work (MA or MS not completed) in _____

Currently Enrolled:

() **AHIMA Independent Study Program**

Number of modules completed: _____ Cumulative GPA: _____

() **Health Information Technology Degree Program**

Number of credits completed: _____ Cumulative GPA: _____

College: _____

College address: _____

Program Director's name: _____

Applicant's signature

Date