



*Southeastern Michigan  
Health Information  
Management Association*

***Southeastern Michigan Health Information Management Association  
Student Scholarship 2009  
HIT/HIA Program Application***

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

AHIMA ID #: \_\_\_\_\_

I, \_\_\_\_\_ understand that  
Name of Applicant

1. This scholarship may be received only once.
2. This application will be reviewed by members of the Student Scholarship Committee of the Southeastern Michigan Health Information Management Association.
3. The contents of this application will otherwise be kept confidential, but may be released for publicity purposes concerning the recipients of the Student Scholarship.
4. My signature below indicates that I agree to the above statements and hereby acknowledge the information in this application is true and correct.
5. I understand that I have responsibility for requesting a transcript of my grades from the American Health Information Management Association.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Program Director Statement:**

This is to verify that the above named applicant for the SEMHIMA Student Scholarship is a student in the \_\_\_\_\_ program at \_\_\_\_\_ and is expected to graduate by (date) \_\_\_\_\_. The student's cumulative grade point average is \_\_\_\_\_ at the conclusion of the semester/quarter.

\_\_\_\_\_ Date \_\_\_\_\_

Program Director's Signature

***SEMHIMA Student Scholarship 2009***

Name of Student: \_\_\_\_\_

College attended: \_\_\_\_\_

***ORGANIZATIONS*** (List organizations, associations, and activities in which you have been a member and list offices and/or appointments).

ORGANIZATION	TYPE OF PARTICIPATION (Officer, Member)	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***COMMUNITY SERVICE*** (list names of community service activities e.g., Girl Scouts, church activities, service clubs).

ORGANIZATION	TYPE OF PARTICIPATION	TOTAL HOURS PER WEEK/MONTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***HONORS, AWARDS, & RECOGNITION*** (give name of and year received).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***SEMHIMA Student Scholarship 2009***

***WORK/VOLUNTEER EXPERIENCE***- Begin with the most recent position/volunteer services and work back. Give the job title, brief narrative description of responsibilities, and date of employment or volunteer services.

Job Title	Responsibilities	Date

***OTHER BACKGROUND INFORMATION*** - List other information that you believe might be of value to the Committee that has not been asked for elsewhere, e.g., other education, degrees, certifications, presentations, hospital committee participation, publications.

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