<u>Guidelines for the NIHIMA Scholarship Award</u>

The Northern Indiana Health Information Management Association has established a Scholarship Award to grant recognition and economic assistance to outstanding, deserving students. The number of scholarships granted each year and the monetary amount of each scholarship will be determined annually by the NIHIMA Executive Board.

Eligibility Requirements

Eligible recipients:

1.   Must be a student enrolled in an accredited Health Information Management Program in Northern Indiana.

2.   Must maintain at least a 3.0 GPA (on a 4.0 scale)

Selection Process

The NIHIMA Executive Board will be responsible for reviewing all applications and selecting the scholarship recipients. NIHIMA is not compelled to elect an annual recipient.

Selection criteria includes:

1.   Demonstrated scholastic ability (per transcripts)

2.   Demonstrated leadership attribute: (per organization activities, volunteer activities, awards and honors received, previous and current employment)

3.   High degree of professionalism (per supporting letters from instructors, employers, professional peers or members)

4.   Potential contributions to the medical record profession (per outlined career goals)

5.   Submission of properly completed application and supporting documentation before deadline.

Instructions for the completion of the NIHIMA scholarship application.

Application Form

This form should be completed in detail. The following sections are self-explanatory:
1. Personal Information
2. Employment history
3. Professional/Personal Involvement
4. State of Authenticity and Signature

Future goals

Include a paragraph that discusses your future plans as a health information professional. This section is used to determine your dedication and potential contributions to the health information professions and should address at least the following:

1. Why did you choose health information as a career?
2. What do you feel you can expect from the health information profession?
3. What contributions do you feel you can make to the health information profession?

Letters of Recommendation

The NIHIMA Executive Board requires that you submit (2) two letters of recommendation with the application. Recommendations may be from an Academic Counselor, current and/or previous instructors other than current health information program directors, employers, clinical practice supervisor, NIHIMA professionals or other professional contacts. These individuals must be knowledgeable of your character and ability and supporting letters should reflect your degree of professionalism exhibited.

Transcripts

The NIHIMA Executive Board requires that you submit all transcripts for credit earned at your present school and any other colleges or universities you have attended.

Application Process

1. Complete the application form and gather supporting documents and letters of reference
2. Applications will be reviewed by the Executive Board (excluding students) each semester after the given deadline.
3. The award recipients will be notified by NIHIMA Board Members.

NIHIMA SCHOLARSHIP APPLICATION

Instructions: Please type or print clearly when completing this application.
Send application and other supporting documentation to:
NIHIMA
PO Box 14332
Merrillville, IN 46410

** NOTE: All records of applicants will remain confidential and will be used
only by the Executive Board for the selection of the NIHIMA scholarship.

I. **PERSONAL INFORMATION**

Name _____
    Last   First   Middle

Home Address _____ _____ _
      Street   City State

Phone number _____

II. **EMPLOYMENT HISTORY**

List pertinent work experience including current employment if applicable.
Attach additional page(s) if necessary.

DATES OF EMPLOYMENT EMPLOYER   POSITION

III. **PROFESSIONAL INVOLVEMENT**

Includes a thorough list of professional, organizational, community and school
activities, awards and honors received to demonstrate leadership attributes. Attach
extra pages if necessary.

IV.   **<u>FUTURE GOALS</u>**
Briefly summarize what personal attributes you feel you have which would contribute to the health information profession. Also describe how the profession would benefit your personal growth. Include your reasons for choosing the health information profession and a summary of your future career goals, if known. Attach extra page if necessary.

V.   **<u>STATEMENT OF AUTHENTICITY AND SIGNATURE</u>**

I certify that the enclosed information is accurate and authentic.

_____   _____
SIGNATURE OF APPLICANT   DATE