THE CFHIMA SCHOLARSHIP APPLICATION (due no later than 05/1/202020)

PERSONAL DATA:	
NAME:	
ADDRESS:	PHONE:
EMAIL ADDRESS:	
INDICATE ONE OF THE FOLLOWING ST	FUDENT TYPES:
FULL TIME: credit hrs. PART TIM	AE: credit hrs.
ACADEMIC DATA: (List any awards, honors	, and volunteer work):
OVERALL GPA: (All colleges and universitie HIM PROGRAM GPA:	
Who pays for your schooling? (Check all that a	pply.)
Parents: Spouse: Guardian: S	elf:
Please explain their assistance to you.	
Are you currently receiving Financial Aid? Yes	No
II	

How much?_____

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Are you currently employed? YES_____ NO____

What impact will this scholarship have on your pursuing your profession career?

I AGREE THAT IF SELECTED FOR THIS SCHOLARSHIP I WILL BE ASSIGNED TO PARTICIPATE IN ONE OF THE CFHIMA COMMITTEES AS DESIGNATED BY THE CFHIMA BOARD FOR A ONE (1) YEAR TERM.

Signature

Date

ESSAY QUESTIONS: (250 words each)

1. In your perspective, what factors are or will critically impact the HIM Profession in the future? (Give specific examples.)

2. Please tell us about your relevant work/volunteer experience and achievements as it relates to your future in the HIM profession.