

Southern California Health Information Association Memorial Fund Application Form

Applicant's Name:	AHIMA ID No.
Address:	
Home(Cell) Phone:	Work Phone:
E-mail:	
Name of College or University:	
Name of HIT Program or Course:	
Program State Date:	Expected Graduation/Completion Date:

I authorize SCHIA to validate the accuracy of the information submitted with this application	
Applicant Signature:	Date:

I validate that this applicant has completed a minimum of 50% of their HIM curriculum, and are in good academic status.	
Program Director Signature:	Date:

Applicants *must* also complete and submit:

- A) Written essay, of no more than 500 words, responding to the following two questions:
 - 1. Describe your educational and/or career goals in health information management
 - 2. Describe how you are involved in SCHIA and how the information gained from attending SCHIA meetings will help you meet your goals

- B) Signed validation from the Program Director that a minimum of 50% of the HIM curriculum has been met and that you are in good academic status.

SCHIA Memorial Fund Eligibility:

Only active SCHIA Student Members are eligible to apply.

SCHIA Memorial Fund Process Details:

This SCHIA Memorial Fund is funded by generous donations on behalf of our past President and mentor "Henryetta (Henri) Wynne" by SCHIA members. The total amount of the fund to be awarded is determined by the SCHIA Board of Directors and Lead Chair of the fund based on available funds and number of candidates. Memorial Fund applications are evaluated based on 1) essay content and writing skill, 2) good academic standing, and 3) completeness and clarity of the application.

Memorial Fund Application Deadline is June 30, 2017. The award(s) will be announced and presented at the July SCHIA Installation/Event Meeting.

Submit this Application Form and Written
Essay electronically to the SCHIA President
at SCHIA@CaliforniaHIA.org