

## San Diego Health Information Association Scholarship 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 SDHIA 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 300 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 SDHIA and how the information gained from attending SDHIA 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.

**SDHIA Scholarship Eligibility:**

Only active SDHIA Student Members are eligible to apply.

**SDHIA Scholarship Process Details:**

SDHIA Scholarships are funded by generous donations by SDHIA members. The total amount of scholarships to be awarded is determined annually by the SDHIA Board of Directors and is based on available funds.

Scholarship applications are evaluated based on 1) essay content and writing skill, 2) good academic standing, and 3) completeness and clarity of the application.

**Scholarship application deadline is February 15, 2018 and awards will be announced by April 15.**

Scholarship presentations will be made at the May SDHIA meeting.

Submit this Application Form and Written Essay  
electronically to the SDHIA President  
at [SDHIA@CaliforniaHIA.org](mailto:SDHIA@CaliforniaHIA.org)