



FAME SCHOLARSHIP APPLICATION (page 2)

I want to attend this program because:

I would like approval for FAME scholarship to attend this program because:

My attendance at this program will help me in my current position and/or help me attain my professional goals in the following way:

I have received the following funds (to attend educational programs) from my Component Local Association or CHIA within the past two years: (please list, if any)

My involvement in Health Information Management professional activities/committees at the national, state, and/or local level include:		
(Date)	(Activity)	(Organization)

Signature	Date:
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Submit completed application to CHIA, 1915 N. Fine Avenue, Suite 104, Fresno, CA 93727-1565
Or fax to (559) 251-5836