



**CALIFORNIA HEALTH INFORMATION ASSOCIATION
SCHOLARSHIP APPLICATION FORM**

Applicant's Name		Credential(s), if any	AHIMA Id Number
Address		City State Zip	
Name of College or University			
Name of HIA or HIT Program Course			GPA
Date you started the Program		Expected graduation / completion date	
Home Phone ()	Work phone ()	E-mail	
CHIA Membership: <input type="checkbox"/> Student Member <input type="checkbox"/> Active Member Date CHIA Dues Last Paid:			

I authorize CHIA to Validate the accuracy of the information submitted with this application.

Applicant Signature	Date
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I validate that this applicant has completed a minimum of 50% of their HIA, HIT, or Masters Degree in HIM curriculum.

Program Director Signature	Date
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Submit along with this completed application form, the following:

- A) Two recommendation letters from health information management professionals (can be sent separately – **see attached instructions for recommenders**)
- B) Official transcripts with grades from your HIA, HIT, or HIM Masters Degree program courses. (Unofficial transcripts with grades accepted if verified by Program director.)
- C) Written essay of no more than 500 words which responds to the following two questions:
Describe your educational and/or career goals in health information management.
Describe how receiving a CHIA scholarship will assist you to meet your educational and/or career goals in health information management.
- D) Validation from program director that a minimum of 50% of HIA or HIT program curriculum or HIM Masters Degree program has been met.

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

CHIA Scholarships 1) provide financial assistance to CHIA Student Members who are enrolled in accredited Health Information Administration or Health Information Technology programs and 2) provide financial assistance to CHIA Active Members who are enrolled in HIA or HIT programs pursuing a specialty credential or a higher credential than they currently hold (e.g., CCS or CCS-P pursuing RHIT or RHIA; or RHIT pursuing RHIA), or pursuing a masters degree in HIM.

Eligible applicants for CHIA scholarships 1) must hold CHIA Student or Active membership status at the time of the application, 2) Have selected California as their Component State Association (CSA) within their AHIMA membership, and 3) must be enrolled in an HIA or HIT program or HIM Masters Degree program and have completed a minimum of 50% of that curriculum, 4) Have an overall grade point average (GPA) of 3.0 or better, and 5) must not have received a CHIA scholarship at any time previously.

Scholarship application deadline is March 1st and awards will be announced by April 15th. Scholarship presentations are made at the CHIA Convention, but recipients do not need to be present.

Scholarship applications are evaluated based on 1) essay content and writing skill, 2) Academic excellence 3) Content and suitability of recommendation letters provided, and 4) completeness and clarity of the application.

Send completed application and attachments to:
California Health Information Association, 1915 N. Fine Avenue, Suite 104, Fresno, CA 93727
Or Fax to 559-251-5836
Or e-mail to Scholarship@CaliforniaHIA.org

CHIA Student Scholarship Recommendation Letter Instructions

Instruction for Recommender: CHIA Student Scholarship program is designed to award students for their academic success and leadership potential. Your candid appraisal will assist the Awards Committee in evaluating the applicant's qualifications.

INSTRUCTIONS: Please respond to the following questions in your letter of recommendation:

1. In what capacity and for how long have you known the applicant? (50 words or less)
2. In your opinion to what degree does the applicant's academic success reflect his/her abilities to become a successful health information professional? (100 words or less)
3. Please describe leadership characteristics that you believe are demonstrative of the applicant's future, positive contributions to the health information profession. Specific behavioral examples are beneficial. (250 words or less)
4. Please note any additional or special information that may assist the Awards Committee in evaluating the application. (100 words or less)

RECOMMENDER: Please provide the following information in your recommendation letter.

Your Name

Title

Email Address

Telephone

Recommendation Submission Date