

THIMA SCHOLARSHIP PROGRAM

Board Approval: October 15, 2003

At least one scholarship is available through THIMA to Tennessee students who are planning a career in Health Information Management (HIM). The value of the scholarship is \$1000.00. In some years, there may be a Past President's Scholarship of \$200. If other scholarships are funded by exhibitors, they will be administered by THIMA following this policy. Each scholarship will be given to assist students in Tennessee who are enrolled in the final year of an Associate, Baccalaureate, or Masters Degree in HIM. Recipients of Master's scholarships to UT Center for Health Sciences must agree to give 3 presentations to HIM professionals about the program. Candidates must be residents of the State of Tennessee, and they must be attending an accredited HIA/HIT program in Tennessee. Candidates for the scholarship should submit applications to the Executive Director who will forward the applications to the Scholarship Committee. The decision to award the scholarship is made by the Board of Directors based on the recommendations of the Scholarship Committee. The use of the award is left to the discretion of the recipient.

Procedure:

1. Applications must be submitted to the Executive Director of THIMA by **August 1**.
2. The following must be submitted with the application form:
 - a. Two personal letters of reference (other than family, clergy, or program director); letters should include information about the nature of the writer's relationship with the candidate and the writer's opinion of the candidate's leadership qualities, work ethic, and reliability. Candidates are encouraged to obtain one of the two personal letters from a clinical instructor.
 - b. Transcripts of post-high school education
 - c. A statement from the Program Director that includes verification of acceptance.
 - d. The application for the scholarship
 - e. A letter from the applicant including the following
 - * reason for choosing HIM as a career and an outline of career goals
 - * contribution she/he can make to the profession
 - * reason for considering scholarship fund
 - * other financial support available to applicant
 - * evidence of AHIMA membership or pledge to join
 - * signed statement that if the HIM program is not completed, the applicant will reimburse THIMA for the amount of the scholarship
3. Applicants will be judged on the basis of
 - a. information on application form

- b. educational record
 - c. employment record
 - d. recommendations
 - e. financial needs
4. Recipients will be selected by **August 20**.
 5. All applicants will be notified of the decision by the Executive Director.
 6. Recipients must provide proof of enrollment to the Executive Director before scholarship monies are awarded.

APPLICATION FORM

I. Personal

Name _____ Birthdate _____

Home address _____ city, state, zip _____

Address while in school (if different from Home Address)
_____ city, state, zip _____

Phone Number at Home Address (____) _____ Phone Number while in school (____) _____

Email address _____

Sex _____ Marital Status _____ Number of Dependents _____

Will you be employed while attending school? ____ yes ____ no

If yes, name of employer _____

Position held _____

List two personal references other than family, clergy, or program director and their addresses:

II. Family

Name of parent, guardian, or spouse _____
(circle one)

Address _____ Telephone _____

If you are being supported by a parent, give number of other dependent children _____

III. Financial Aid

What is the amount and source of any financial aid that you currently receive? _____

IV. Education

High School (name, location, date of graduation) _____

APPLICATION FORM
(continued)

Post-High School Education (attach transcripts)

Name of School	Location	Degree	Date Received
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_____	_____	_____	_____
_____	_____	_____	_____

Name of Education Program in which are you enrolled or have been accepted:

Expected graduation date: _____

V. Professional or Business Experience:

VI. Professional Association Activities:

VII. I agree to maintain student membership in AHIMA. Should I not complete the education program, I agree to reimburse THIMA the amount of the scholarship.

_____ signature

_____ date

Applications are due **August 1.**

Send to

THIMA, 700 Westbrook Lane, Winchester, TN 37398