



## **Returning Student Scholarship Eligibility, Requirements, and Application**

The New York Health Information Management Association (NYHIMA) is pleased to offer the **Returning Student Scholarship** (one award of \$1,000) in support of HIM education. The Awards Committee, comprised of members elected annually on the NYHIMA ballot, reviews applications to determine and select the award recipients. Scholarship monies are presented at the Installation and Awards Banquet during the NYHIMA Annual Conference.

### ELIGIBILITY:

- Applicant must be a NYHIMA Dues Paying Member (Students = complimentary membership but needs to be registered with NYHIMA as a student member).
- Applicants must be enrolled either part-time or full-time in a New York State CAHIIM Accredited Association or Baccalaureate program.
- Applicants must have completed 12 credit hours **and** maintained a minimum GPA of 3.0.
- Applicants meeting the preceding requirements may apply annually for all awards, but multiple scholarships will not be awarded to a single individual in a given year. Individuals receiving an award are ineligible for that scholarship in succeeding years.

### APPLICATION REQUIREMENTS:

- Applicant must complete the below form and submit a typewritten essay 500-750 words on the topic, "Describe the importance to you of returning to school and what your career goals are."
- Essays will be scored on adherence to topic, format (must include an introduction, body, and conclusion), use of original ideas and/or concepts, coherence, completeness and grammatical correctness.

### VERIFICATION MATERIALS:

- Official transcripts, grades, and modules completed.
- Copy of valid AHIMA membership card.
- Two (2) letters of recommendations from instructors, mentors, or supervisors from work.

NYHIMA, 230 Washington Avenue Ext, Suite 101, Albany, New York 12203-3539  
Phone: (518) 435-0422 \* Fax: (518) 463-8656 \* [nyhima@caphill.com](mailto:nyhima@caphill.com) \* [www.nyhima.org](http://www.nyhima.org)



**Returning Student Scholarship Application**  
Mail or Email all materials by March 30<sup>th</sup> to the NYHIMA Central Office

**ESSAY TOPIC**

Describe the importance to you of returning to school and what your career goals are.

**APPLICANT IDENTIFICATION INFORMATION**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

AHIMA Membership ID# \_\_\_\_\_ # of Years in the HIM Field \_\_\_\_\_

Current Job: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School City/State/Zip: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ Type of Degree: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

For any press release, please provide the name and address of your local newspaper: \_\_\_\_\_

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