

NJHIMA Scholarship Application

First Name

Last Name

Street Address

City

State

Zip

E-mail Address

Phone Number

**AHIMA Membership
Number**

School Name - choose from list (check or circle). If OTHER, fill in your choice of school.

Brookdale Community College
Camden County College
Passaic County Community College
Raritan Valley Community College
Rowan College at Burlington County
Rutgers University

Other _____

Program Type - choose from list (check or circle). If OTHER, fill in specific program.

AA/AAS Health Information Technology
AA/AAS Informatics
BA/BS Health Information Administration
BA/BS Informatics
MA/MS Health Information Management
MA/MS Informatics
Doctorate

Other _____

GPA (note if NOT a 4.0 scale)

After graduation I plan to sit for a credentialing exam (any AHIMA credential) Choose from the list (check or circle).

within 3 months of graduation
within 3 to 9 months of graduation
within 9-12 months of graduation
12 months or more after graduation
N/A/ (not applicable) I do not plan to sit for exam

UNDERGRADUATE (Associate/Bachelors)

In one comprehensive essay of **500-700 words**, please answer the following questions:

- *Why did you decide to major in Health Information Management?
- *Why did you decide to major in Health Information Management?
- *Where do you see yourself five years in the future?

GRADUATE (Masters/Doctorate)

In one comprehensive essay of **900-1000 words**, please answer the following questions:

*Explain the importance of health information management/informatics in the healthcare delivery system. OR

*Explain the most important issues facing HIM currently.

*For PhD students, describe how your doctoral degree will contribute to your role and the field of HIM

Please Type essay below (use an additional sheet of paper if necessary)

I consent for my photo and name to be posted on the NJHIMA website and e-mail communication.

Check here to consent