

SARAH PLUMB FREDERICK MEMORIAL SCHOLARSHIP AWARD APPLICATION

The Sarah Plumb Frederick Memorial Scholarship Award has been established by DCHIMA for the primary purpose of recognizing area HIT/HIM students for demonstrated academic excellence, contributions to the Health Information Management profession, and potential for professional leadership.

The eligibility requirements for this award are as follows:

1. Established residency in the Washington D.C. metropolitan area one-year prior to the date of application.
2. Current enrollment in an AHIMA-approved health information technology/management program.
3. Member in good standing of AHIMA with **DCHIMA as your state association.**
4. Entering the final year of study in an HIT/HIM program.
5. Above-average academic standing, i.e., at least a 3.0 GPA on a 4.0 scale.

Name: _____

Address: _____ City, State, Zip: _____

Telephone # _____ Birthdate: _____

SSN#: _____ US Citizen?: () Yes () No

Marital Status: () Married () Single Years of Residency in D.C. – Metro Area: _____

Employment Status: () None () Full-Time () Part-Time

Employer's Name: _____ Telephone #: _____

Employer's Address: _____

School Name: _____ Telephone #: _____

Number of Semesters Completed: _____ Anticipated Graduation Date: _____

List two references, other than a family member or the Program Director of your school that you have known for at least one (1) year:

1. Name: _____ Telephone #: _____

Address: _____

2. Name: _____ Telephone #: _____

Address: _____

In addition to the information above, to complete this application, please attach the following:

- ◆ A brief description of the reason this scholarship is being requested. Include pertinent information concerning your educational goals, professional aspirations, and anything else that demonstrates your qualifications for this award.
- ◆ An official school transcript. If time constraints prevent obtainment of an official school transcript, a written confirmation of grades signed by the Program Director is acceptable.
- ◆ A completed "Statement of Certification" (see attached) signed by the Program Director.
- ◆ A letter of recommendation for the scholarship from an instructor or faculty member.

Please submit this application with attachments to the DCHIMA Project Manager, Scholarship

I hereby certify that the information submitted on this application is true and accurate.

Applicant's Signature: _____ Date: _____



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STATEMENT OF CERTIFICATION

The student listed below has applied for the Sarah Plumb Frederick Memorial Scholarship through the District Of Columbia Health Information Management Association (DCHIMA).

- ◆ *The Sarah Plumb Frederick Memorial Scholarship Award has been established by DCHIMA for the primary purpose of assisting with the financial needs of deserving area students. This scholarship is presented annually to the students with demonstrated competitive academic achievement that would otherwise be unable to meet the financial requirements of furthering their education.*

In your role as Program Director of a Washington D.C. metropolitan area HIM/HIT Program, your certification of academic status and reference is vital to the student's ability to qualify for a scholarship. Please complete the following:

1. Complete the information below and return it to the student for inclusion with her/his scholarship application.
2. Provide a brief letter of reference for the student, addressing your assessment of her/his potential for professional leadership.

Student Name: _____

School Name: _____

Anticipated date for completion of degree requirements: _____

Cumulative grade point average: _____

I hereby certify that the above information is true and accurate.

Program Director's Name: _____ Date: _____

Program Director's Signature: _____