

Arkansas Health Information Management Association

Martha Wilbers/Faye Arnold Scholarship Award Information

Completion and Deadline

Scholarship Materials are to be completed in detail and should be postmarked no later than January 31st. Mail to:

Arkansas Health Information Management Association
Attn: Scholarship Committee
P. O. Box 8748
Russellville, AR 72801

Reference Letters

Two references must be included. Please use reference forms provided. One reference should be from a health information instructor and the other may be a personal reference of your choice that can attest to your character and ability.

Transcripts

Submit up-to-date transcripts that reflect all college-level credit received. A minimum cumulative CPA of 2.5 on a 4.0 scale is required.

Verification of Enrollment

The program director of the program you are enrolled (or plan to be enrolled) will need to verify your enrollment. Please have them fill out this form and return it with other scholarship materials.

Essay

Include a statement of approximately 250 words that discusses your future plans as a health information professional and address the following questions:

1. Why did you choose health information as a career?
2. What contributions do you feel that you can make to the health information profession?
3. Why did you consider the scholarship fund?

Resume'

Attach a resume' to show your education, any work experience, organizational memberships, honors, and awards.

Martha Wilbers/Faye Arnold Scholarship Award Application Form

Instructions: Please complete the following. All information provided will remain confidential and be used only for the selection process. Please contact the ArHIMA Central Office at 479-968-0441 or email [melinda.wilkins @atu.edu](mailto:melinda.wilkins@atu.edu) with any questions.

Applicant Name: _____

Address: _____

Phone: _____

This scholarship is for (mark one only):

Graduate Scholarship

Health Information Administration Scholarship (4 year program)

Health Information Technician Scholarship (2 year program)

Anticipated graduation date: _____

Checklist of materials to include:

Application form

Verification of enrollment

Two references

Essay

Current transcript

Resume`

I certify that the attached information is accurate and authentic to the best of my knowledge.

Applicant's Signature

Date

Martha Wilbers/Faye Arnold Scholarship Award Reference Form

A. To be completed by Applicant: *(Please print or type)*

Applicant:				
	First	Middle	Last	(Maiden Name)
Address:				
	Street	City	State	Zip

B. To be completed by Evaluator: *(Please return this form to the Applicant or to ArHIMA, P. O. Box 8748, Russellville, AR 72801 by January 31st)*

	Superior	Good	Fair	Poor	Unable to Judge
Leadership ability					
Academic performance					
Knowledge of profession					
Ability to work under stress					
Dependability					
Ability to work with others					
Ability to work independently					
Initiative					
Integrity					
Commitment to professional growth					
Oral communication skills					
Written communication skills					
Use of technology					

How well do you know the applicant?

not well somewhat well very well

How long have you known the applicant? _____

Evaluator's name: _____

Institution/Company: _____

Position: _____

Address: _____

Telephone: (____) _____

Email: _____

What is your professional relationship to the applicant?

professor supervisor academic advisor employer

other (please explain) _____

Overall recommendation:

recommend most highly

strongly recommend

recommend

recommend with some reservations

do not recommend

Evaluator's signature: _____

Date: _____

Please attach any additional information you feel may help with the scholarship decision.
Thank you for your time in helping with the scholarship process.

**Martha Wilbers/Faye Arnold Scholarship Award
Verification of Enrollment**

Health Information Administration and Health Information Technician Students:

_____ has been accepted for enrollment in the
(Student's Name)

final two years of study in the health information administration/technician program at

(Name of Educational Institution)

leading to eligibility for the certification exam of the American Health Information
Management Association.

Expected date of graduation: _____

Signature of Program Director

Date

Graduate Students:

_____ has been accepted for enrollment in the
(Student's Name)

(Name of Program)

at _____
(Name of Educational Institution)

Expected date of graduation: _____

Signature of Program Official

Date

Title of Program Official