

EDDIE V. COOKSEY
UNDERGRADUATE SCHOLARSHIP
APPLICATION FORM

PLEASE PRINT OR TYPE THE FOLLOWING:

(Attach additional pages as necessary)

NAME: _____ **SS #** _____ **AGE:** _____

HOME ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE: (_____) _____

NAME OF COLLEGE CURRENTLY ATTENDING: _____

CLASSIFICATION: _____ **HOURS COMPLETED:** _____

ANTICIPATED DATE OF GRADUATION: _____

PERSONAL DATA:

MARITAL STATUS: _____

SOURCE OF FINANCIAL SUPPORT: _____

NUMBER OF DEPENDENTS IN FAMILY (EXCLUDING SELF): _____ **AGES:** _____

EXTRACURRICULAR SCHOOL ACTIVITIES: _____

SIGNATURE OF APPLICANT

DATE

Please include this form with the following items:

1. Completed application form including a copy of applicant's AHIMA membership card.
2. Essay of 500 words or less explaining how the applicant plans to achieve his/her long term professional career goals displaying dedication to the HIM profession.
3. A completed enrollment form signed by the HIM program director.
4. Official transcripts. The most recent copy of the applicant's official college transcript documenting that the applicant has maintained at least a 3.0 overall scholastic average as computed by the Registrar.
5. Two letters of recommendation. References should be from education and/or employers who can provide an evaluation of your professional and academic performance. References from Health Information Management Professionals are preferable.
6. Statement of need from financial aid representative.

Completed Applications due: April 1, 2007