**AMERICAN ASSOCIATION OF HEALTHCARE ADMINISTRATIVE MANAGEMENT**

**MOUNTAINWEST CHAPTER**

***APPLICATION FOR SCHOLARSHIP***

Applicant's Name Date of Application

Address line 1

Address line 2

City, State, Zip Code

Telephone Numbers Work Home

Are you a current member of National AAHAM [ ] Yes [5] [ ] No [0]

Are you a current Associate member of MountainWest AAHAM [ ] Yes [3] [ ] No [0]

Are you a spouse or dependant of a member of AAHAM [ ] Yes [2] [ ] No [0]

If yes, who is the member?

What professional certifications do you hold [ ] CRCE [10] [ ] CRCP/CRIP [7]

[ ] CRCS [5] [ ] CCT [3]

What Educational Institution do you plan to attend?

What will your emphasis or course of study be?

What will be your anticipated degree?

What dates will you be attending school which you are applying for scholarship?

Start Date End Date

Applicant's expected year in college during this academic period?

(i.e., Freshman, Senior, Graduate Student, etc.)

**Educational and Professional Training**

Please list below, starting with the most recent, the institution(s) you have attended. Please include all High Schools and Colleges / Universities.

Degrees held

Dates Subject Credits Cumulative

Institution Address Attended Studied Earned GPA\*

\*If you have already earned 24 or more credit hours of college credit, attach proof of your college GPA. If you have earned less than 24 hours of credit, attach proof of your high school GPA.

Please list your work experience, starting with the most recent.

Hire Date Termination Immediate

Employer Address Title Month/Year Month/Year Supervisor

List any volunteer work you may have performed.

Start Date End Date Immediate

Institution Address Function Month/Year Month/Year Supervisor

PROFESSIONAL ACTIVITIES AND AWARDS - Please list, on a separate sheet, your professional achievements, honors, and activities. Include memberships in professional organizations, offices held, papers published, committee memberships, convention program participation, etc.

COMMUNITY AND CIVIC ACTIVITIES - Describe, on a separate sheet, your participation in community and civic affairs. Include memberships, offices held, honors, etc.

AIMS AND GOALS - Outline in approximately 500 words, on a separate sheet of paper, why you desire this scholarship. Include a discussion of your aims and goals relative to patient accounting. Include any additional comments, which may distinguish your application from those of other applicants.

\*\* PLEASE NOTE \*\*

\*An official transcript of grades must accompany the application. If you have already earned 24 or more

credit hours of college credit, attach an official college transcript. If you have earned less than 24 hours

of college credit, attach an official high school transcript.

\*A letter of acceptance from the school or a statement from the registrar that the applicant is enrolled

must accompany the application.

\*Non-completion of the course of study by the applicant will result in forfeiture of the scholarship.

Completion of the course of study shall be defined as completion with a GPA of 2.0 or better, or passing

grade if on a pass/fail system.

\*An official transcript of grades and credits earned from the educational institution attended must be

submitted within twelve (12) months of receiving notification of scholarship award in order to receive the actual cash award.

I hereby certify that all answers to these questions and all statements in this application are true. I agree and understand that any misstatements of material facts contained in this application may cause forfeiture upon my part of all rights to any scholarship sought hereunder.

Applicant Signature Date