

THE CFHIMA SCHOLARSHIP APPLICATION
(due no later than 05/1/2020)

PERSONAL DATA:

NAME: _____

ADDRESS: _____ PHONE: _____

EMAIL ADDRESS: _____

INDICATE ONE OF THE FOLLOWING STUDENT TYPES:

FULL TIME: _____ credit hrs. PART TIME: _____ credit hrs.

ACADEMIC DATA: (List any awards, honors, and volunteer work):

OVERALL GPA: (All colleges and universities work): _____

HIM PROGRAM GPA: _____

Who pays for your schooling? (Check all that apply.)

Parents: ____ Spouse: ____ Guardian: ____ Self: ____

Please explain their assistance to you.

Are you currently receiving Financial Aid? Yes No

How much? _____

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Are you currently employed? YES _____ NO _____

What impact will this scholarship have on your pursuing your profession career?

**I AGREE THAT IF SELECTED FOR THIS SCHOLARSHIP I WILL BE
ASSIGNED TO PARTICIPATE IN ONE OF THE CFHIMA COMMITTEES AS
DESIGNATED BY THE CFHIMA BOARD FOR A ONE (1) YEAR TERM.**

Signature

Date

