



**Application for
THE EMERGENCY MEDICINE PHYSICIANS SCHOLARSHIP FUND
Health Information Management Program
Stark Community Foundation**

REQUIREMENTS

The applicant must be enrolled as a full time student in the Health Information Management Technology Associate of Applied Science Degree Program. The applicant must be entering their second year of study with a goal of completing the degree in the spring of 2008 and have a minimum grade average of 3.0.

SELECTION CRITERIA

The Selection Committee will use the following criteria in selecting the persons to whom the grants shall be made:

1. Current GPA
2. Expected Date of Graduation
3. Extracurricular activities
4. Leadership activities
5. Community activity or service
6. Two letters of reference
7. Essay – Why are you studying Health Information Management and professional goals?

LEGAL NAME (*Last, First, Middle*) _____

PERMANENT ADDRESS

Street _____ *City* _____

State _____ *Zip* _____ *Phone* _____

SCHOOL-RELATED ACTIVITIES (*Dates, Offices held*) _____

HONORS AND SPECIAL RECOGNITION _____

LEADERSHIP ACTIVITIES (*Dates, Organization*) _____

COMMUNITY ACTIVITIES OR SERVICE (*Dates, Community organization, role with organization*)

EMPLOYMENT HISTORY *Include employer, phone number, dates, hours/week, position, responsibilities.*

1. _____

2. _____

3. _____

OTHER COMMENTS _____

ATTACH A ONE-PAGE, DOUBLE-SPACED STATEMENT TELLING US WHY YOU HAVE CHOSEN TO MAJOR IN HEALTH INFORMATION TECHNOLOGY AND YOUR FUTURE GOALS.

RELEASE OF INFORMATION:

I authorize the Financial Aid Office at Stark State College of Technology to exchange financial, academic, and other information deemed necessary in determining my eligibility for this scholarship. I agree to the release of my information for public relations and/or new release in conjunction with this scholarship. In signing this application, I certify that the information given is complete and correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE _____ **DATE** _____

APPLICATION PROCESS AND DEADLINE:

Return this application to EMP with supporting documentation postmarked no later than July 27, 2007 to the following address:

**EMP Scholarship Program
Emergency Medicine Physicians
4535 Dressler Road, NW
Canton, OH 44718**