**Scholarship Application**

**Health Information Management**

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| Name: |  |
| ULID: |  |
| Cumulative GPA: |  |
| Adjusted GPA: |  |
| Tell us about yourself: |  |
| Do you receive financial aid? If yes, what type? |  |
| Are you currently receiving, or have you received other scholarships? If yes, what type, when, and what amounts? |  |
| Do your currently have a job? If yes, how many hours do you work per week? What type of work do you do? |  |
| Are you involved in any organizations? If yes, which ones? What is your involvement (member, officer, etc.)? |  |
| Do you perform any type of community service? If so, what type? |  |
| What are your future plans? |  |