

**Lehigh Valley Health Information Management Association**  
**KATHLEEN LYNCH STUDENT SCHOLARSHIP PROGRAM**

**MEMORIAL:**

The Kathleen A. Lynch Student Scholarship Program so named in memory of Kathleen A. Lynch, to commemorate the accolades, achievements and contributions made by Ms. Lynch during her life-time, for Medical Records/Health Information Management. Ms. Lynch's goals will live on in the recipient of the scholarship to continue academic achievement and the promotion of the Health Information Management professional in the Allied Health field. Ms. Lynch was the Founding Director of Medical Records department at Allentown Sacred Heart hospital and Founding Director of Health Records Technology at Gwynedd Mercy College

**PURPOSE:**

To provide a mechanism for the LVHIMA Board to distribute funds as designated by the Board to the Lehigh Valley Health Information Management Association under a scholarship program.

**CONTRIBUTIONS:**

1. Donations will be accepted by LVHIMA at any time including annual membership assessment. Donations will be accepted by LVHIMA at any time by vendors and patrons/supporters of the field of HIM.
2. The Treasurer will maintain the donated funds as directed by the VHIMA Executive Board.
3. The Treasurer shall maintain records of donated funds and distributions under the scholarship program.

**LVHIMA**  
**KATHLEEN LYNCH STUDENT SCHOLARSHIP PROGRAM**

**AWARDS PROCESSING:**

1. All applications will be reviewed for verification of eligibility requirements by the LVHIMA Education Committee and presented to the LVHIMA Board for final review. Recipients will be chosen by random drawing of all valid applications.
2. Award recipients will be notified via mail with a copy forwarded to the Program Director.
3. Awards will be presented at the LVHIMA June Annual Meeting with the meeting fee paid for by LVHIMA.
4. Award recipient(s) will be profiled in the LVHIMA President's Newsletter.  
Award:
5. \$1000.00 will awarded to the recipient of the Kathleen A. Lynch Student Scholarship. If two candidates equally qualify for the award, the Board of Directors will make an executive decision, and announce the winner(s).
6. Students may apply for scholarship funds by completing and submitting to LVHIMA the appropriate application.
7. Applicants must be a member of LVHIMA and AHIMA.

# **LVHIMA**











## **KATHLEEN LYNCH STUDENT SCHOLARSHIP PROGRAM**

### **APPLICATIONS:**







1. Scholarship funds are available to all eligible students enrolled in an approved HIM, HIT, Coding Certificate Program, or in a graduate program in a related field.
2. Students may apply for scholarship funds by completing and submitting to LVHIMA the appropriate application.
3. Applicants must be a member of LVHIMA and AHIMA.
4. LVHIMA will grant scholarship awards as directed by the LVHIMA Board to students who demonstrate a commitment to the field of Health Information Management and academic achievement.
5. Applicants are required to complete the Application and provide a copy of a transcript of credits from the approved program or graduate program and two letters of reference.
6. Completed applications should be mailed to the LVHIMA Education Committee Chairperson.

**LVHIMA**  
**KATHLEEN LYNCH STUDENT SCHOLARSHIP PROGRAM 2009**  
**APPLICATION**

**Criteria Selection**



-  Scholarship or scholastic record
-  Submission of completed application packet by deadline
-  Application form will be judged on the following criteria:
-  Response to the question
-  Sentence structure
-  Grammar
-  Spelling
-  Punctuation
-  Capitalization
-  Adherence to directions

**Mailing Instructions**

-  Your application packet must include:
-  Application form
-  Recent transcript
-  Verification of enrollment form
-  Two letters of reference
-  Make sure your name is noted on all forms

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN  
APRIL 29, 2009**

Please mail the application to:  
Barbara J. Thompson, RN, RHIT  
2124 Pheasant Hill Road  
Lansdale, PA 19446

-  All applicants will be notified of their status no later than May 15, 2009.
-  Awards will be mailed directly to the scholarship recipient(s) college.





# LVHIMA

## KATHLEEN LYNCH STUDENT SCHOLARSHIP PROGRAM 2009 APPLICATION





Scholarship funds are available to all students enrolled in a Health Information Management program or a graduate program in a related field. Scholarships will be awarded to students who demonstrate a commitment to the field of Health Information Management and prove academic achievement.

### **Eligibility Requirements**

The applicants must meet the following eligibility requirements:

1. Enrollment in one of the following:
  -  HIM Program
  -  HIT Program
  -  Coding Certificate Program
  -  Graduate Program in a field related to Health Information Management
  
2. Current member of AHIMA and LVHIMA
  
3. Overall G.P.A. - 3.0
  
4. Applicants must be full-time students or part-time students taking a minimum of six semester hours/two classes.

### **Application Requirements**

-  Applicants are required to complete the attached application form and submit to the LVHIMA Education Committee Chairperson
  
-  Applicants must also provide a copy of the recent transcript of credits
  
-  Verification of the enrollment form, signed and completed by your program director
  
-  Two letters of reference. References should be educators and/or employers. At least one educator's reference is required.

**APPLICATION FOR THE KATHLEEN LYNCH SCHOLARSHIP  
2009**

**PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_

**HOME ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:**

\_\_\_\_\_

**HEALTH INFORMATION MANAGEMENT or RELATED  
GRADUATE PROGRAM  
PROGRAM:**

\_\_\_\_\_

**PROGRAM DIRECTOR:**

\_\_\_\_\_

**ESTIMATED YEAR OF GRADUATION:** \_\_\_\_\_

List pertinent work experience including current employment, if applicable.

**EMPLOYER POSITION DATE OF EMPLOYMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR THE KATHLEEN LYNCH SCHOLARSHIP  
2009**

**PROFESSIONAL/PERSONAL INVOLVEMENT:**

Include a list of professional, organizational, community and school activities, awards and honors received to demonstrate a commitment to the field of Health Information Management.

**Organization Activities/Memberships:**

**Awards/Honors Received:**

**Future Goals: Summarize your future career goals**

**Briefly summarize what personal attributes you feel you possess which will help you attain the goals listed above.**

**In what ways might the Health Information Management profession benefit from your personal growth?**

**Briefly describe what it means to be a professional and why you chose HIM as a profession.**

**STATEMENT OF AUTHENTICITY AND SIGNATURE:**

I certify that the enclosed information is accurate and authentic:

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Signature of Applicant Date

**LVHIMA**  
**KATHLEEN LYNCH STUDENT SCHOLARSHIP CONSENT FORM**  
**2009**

Name: \_\_\_\_\_

I wish to make application for the Kathleen Lynch Scholarship to be awarded in June, 2009. I understand the monies thus awarded must be applied to my school tuition at the college at which I am enrolled.

\_\_\_\_\_  
Signature of Applicant

I give my permission for the LVHIMA Education Committee and LVHIMA Executive Board members to receive a copy of, or information from, my college transcript(s).

\_\_\_\_\_  
Signature of Applicant

**LVHIMA**  
**KATHLEEN LYNCH STUDENT SCHOLARSHIP 2009**

Evidence of Program Acceptance

***Instructions to the applicant:***

After writing your name in the appropriate blank, give this letter to the director of the Health Information or related graduate educational program in which you have been accepted. **Return this form and any necessary attachments with your LVHIMA application.**

***Instructions to the Program Director:***

The student named below has applied to the LVHIMA for a Kathleen A. Lynch Scholarship. In order to review the applications, the LVHIMA must verify this student's acceptance in an accredited Health Information or related graduate educational program. If this student has been accepted to your program, **please complete this form.**

This letter verifies that, \_\_\_\_\_  
Student's Name

a applicant for the Kathleen Lynch Scholarship from the LVHIMA, was accepted for enrollment in a Health Information or related graduate program.

\_\_\_\_\_  
Program Chairperson

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date