

Instructions to Apply for the AIHC Scholarship



Eligibility

- Must be a resident in the United States;
- Must Be 18 years or older;
- Primary employment is work in a health care facility, third party medical billing company, insurance payor or other medical field where health care management, auditing, coding and billing is conducted;
- Primary employer does not offer tuition reimbursement for certification preparatory programs (i.e. the applicant would qualify if working for an employer that will only pay for college curriculum course);
- Registered for a course ready to start within the next 3 months or already be enrolled in an eligible program (see below).

Criteria to Apply

- Complete a Scholarship Application (included below);
- Write a letter stating why you should be considered for scholarship no more than 2 pages, single spaced;
- Pay a scholarship application fee of \$35 to cover cost of criminal and OIG background check;
- Completed evaluation from employer (see attached sheet); and
- Attach 2 letters of recommendation.

Selection Criteria

Applicants will be selected as finalists on the basis of their application, related accomplishments, and letters of recommendation. Finalists will be invited for a required telephone interview with members of the Scholarship Committee.

Applications Accepted Daily Throughout the Year

Completed applications together with all related documentation must be complete and sent to the address below. The Scholarship Board of Directors meets monthly to review applications.

Return this entire information packet with you name printed at the bottom of each page mailed to:

**AIHC Scholarship Committee
445 W. Liberty Street, Suite 212
Medina, Ohio 44256**

Please your name at the bottom of each page of this application when submitting it for consideration to the scholarship committee.

Eligible Programs

1. Diploma or degreed programs through a community, business or four-year college.
2. Education course taught by a certified instructor to prepare the student for a medical coding, collection or auditing certification exam offered by: American Academy of Professional Coders (AAPC); American College of Medical Coding Specialists (ACMCS); American Health Information Management Association (AHIMA); Society for Strategic Coders, or American Institute of Healthcare Compliance (AIHC).
3. Course may be classroom, distance learning or web-based with instructor involvement. Courses which are 100% web-based training with no instructor interaction or a full home-study program with no instructor interaction are not considered approved curriculum for scholarship consideration.

Scholarship Determination

The information above will be evaluated and a numeric rank will be assigned to each element to score and statistically compare each candidate.

Each candidate will be checked on the OIG web site to ensure they are not listed on the Exclusions List. Any person found on the Exclusions List is automatically disqualified. A national criminal background check will be done on final candidates and findings taken into consideration by the committee.

Scholarship Amounts Awarded

Funds are discretionary and scholarships awarded according to funds available. These factors are taken into consideration when the amount is determined when a scholarship is awarded:

- The type of education program the applicant is pursuing
 - Coding certification scholarships will be awarded in amounts up to \$500 contingent upon the cost of the program and availability of funds.
 - Advanced level training, such as certification in compliance or auditing will be awarded in amounts up to \$1,000, contingent upon the cost of the program and availability of funds.

Any questions or concerns can be sent to aihcjoanneb@aol.com or call 866-571-5635.

**Application for
The American Institute of
Healthcare Compliance
2010 Scholarships**



INFORMATION ABOUT APPLICANT

First Name _____ Last Name _____ MI _____

Date of Birth ___/___/_____ Social Security Number _____/_____/_____

Current Mailing Address

Street Address (if different from mailing address)

Telephone: Day
Cell
Evening

E-Mail address (please print clearly):

Are you currently enrolled as a student? Yes No

If no, are you registered for a program due to start within the next 2 months? Yes No

If no, please explain the registration process for the course to be considered for this scholarship:

What is your program of study? Provide formal course name:

*Attach Course Description and Instructor Name, Qualification and Institution Providing the Program:

Expected Graduation Date:

Employer/Company Name

Term of Employment

Employer address

Current Occupation/Job Title and length of time you have held this position

Describe your current duties:

Average Hours Worked Per Week: (check only one)

- 1-10 hours
- 11-20 hours
- 20-30 hours
- more than 30 hours

Volunteer and Community Service/Activities:

Honors, Awards, or Certifications Received (attach copies):

Have you applied for other scholarships, financial aid, loans, or other assistance?

List scholarships, financial aid, loans or other assistance you have been awarded and the annual amount of each. If you do not have any support, write "none".

Type/Name of assistance	Annual Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Checklist

Be sure the following items are enclosed with this application:

- ❑ **Completed and signed application**
- ❑ **2 page letter why you should receive this scholarship (why do you feel you should be chosen over other applicants. Minimum of one page, single space, and maximum 2 page single space) *Grammar is important!***
- ❑ **\$35 application fee**
- ❑ **Completed employer evaluation form**
- ❑ **2 letters of professional reference, recommendations from employer(s), manager(s) or supervisor(s)**

**Applicant Employer Evaluation Form for
The American Institute of Healthcare Compliance
Scholarship Application**



Primary employer should fill out the following form and send it in directly to the scholarship committee.

Applicant's Name: _____

Employer Name and Individual Completing Form:

Telephone Contact Number: _____

(Confirmation of employer evaluation will be made on all final candidates)

Please check the best choice:

	Excellent	Average	Poor
Attendance	(no or little time missed)	(does not use all sick time annually)	(uses all sick time or more)
Attitude	(works well with all others)	(works well with most others)	(generally does not work well with others)
Quality of Work	(high accuracy rate)	(makes some mistakes)	(needs improvement)
Productivity	(highly productive)	(average production rate)	(low or slow production)
Customer Service	(clients give compliments often)	(occasional compliments from clients)	(have received some complaints)

Comments: _____

Please mail this form to: (please note – our new suite #)

AIHC Scholarship Committee
445 W. Liberty Street, **Suite 212**
Medina, Ohio 44256

Any questions or concerns can be sent to info@aihc-assn.org or 866-571-5635.

American Institute of Healthcare Compliance, Inc.
Scholarship Application for: _____