

# APPLICANT

\_\_\_\_\_  
Last Name, First Name

## Enrollment Verification – Graduate

### Instructions to Applicant:

After writing your name in the appropriate blank, give this letter to the director of the health information educational program in which you actively enrolled. **Upload this form and any necessary attachments into your online application in the appropriate section.**

### Instructions to Program Director:

The student named above has applied for an AHIMA Foundation Merit Scholarship. In order to review the application, we must verify this student is actively enrolled in a regionally accredited Graduate level program. **If this student is actively enrolled in your program, please complete this form.**

This letter verifies that \_\_\_\_\_, an applicant for a merit scholarship from  
Student's Name

the AHIMA Foundation, is actively enrolled in a Graduate level health information/informatics program

\_\_\_\_\_ at \_\_\_\_\_  
Name of Program Name of University/College

**and has completed six credit hours toward the completion of a Graduate degree in said program.**

Anticipated date of degree completion: \_\_\_\_\_.

VERIFY ONE, BELOW:

This school/program is accredited by CAHIIM  This school/program is accredited by \_\_\_\_\_  
Name of Accrediting Organization

\_\_\_\_\_  
Name of Program Director (please print)

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
University or College Name

\_\_\_\_\_  
Program Director's E-mail Address

\_\_\_\_\_  
Program Director's Direct Telephone

### *Part-time student only:*

*If you checked 'part-time' as your enrollment status on page 3 of the application, the program director must sign this section.*

## Part-time Student Enrollment Verification

The above named student is enrolled on a part-time basis. I verify that he/she has completed six credit hours toward the completion of a Masters degree and is making acceptable progress toward completion of said degree.

\_\_\_\_\_  
Signature of Program Director

