

APPLICANT

Last Name, First Name

Enrollment Verification – Undergraduate

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 are 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 AA or BA/BS level program. **If this student has been accepted to your program, please complete this form.**

This letter verifies that _____, an applicant for a merit scholarship from the AHIMA
Student's Name

Foundation is actively enrolled in the (mark one) AA or BA/BS health information/informatics level program,

_____ at _____
Name of Program Name of University/College

and has completed six credit hours toward the completion of an AA or BA/BS degree in the program.

Anticipated date of degree completion: _____.

VERIFY ONE, BELOW:

This school/program is accredited by CAHIIM This school/program has NOT been accredited by CAHIIM

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 actively enrolled on a part-time basis. I verify that he/she has completed six credit hours toward the completion of an AA or BA/BS degree and is making acceptable progress toward completion of said degree.

Signature of Program Director

