



STUDENT VERIFICATION FROM PROGRAM DIRECTOR

Name of Student Applicant: _____

School: _____

Name of Program: _____

Program Director Name: _____

Attn: MHIMA Scholarship Committee

I verify that the above-named student is currently enrolled in our program in pursuit of a degree in Health Information Management and meets the following eligibility criteria:

- Applicant has completed 50% of the program.
- Applicant has a cumulative GPA of at least 3.0.
- Applicant is a member of MHIMA/AHIMA.

Program Director Signature: _____

Date _____