

Martha Wilbers/Faye Arnold Scholarship Award Verification of Enrollment

Health Information Administration and Health Information Technician Students:

_____ has been accepted for enrollment in
(Student's Name)

the final two years of study in the health information administration/technician
program at _____
(Name of educational institution)

leading to eligibility for the certification exam of the American Health Information
Management Association.

Expected date of graduation: _____

Signature of Program Director

Date

Graduate Students:

_____ has been accepted for enrollment in
(Student's Name)

(Name of Program)

at _____
(Name of Education Institution)

Expected date of graduation: _____

Signature of Program Official

Date

Title of Program Official