

Program Completion Verification Form

(For Scholarship Applicants Only)

➤ **Must be completed by the Program Director or his/her designee.**

The student named below is applying for a scholarship from the Health Professions Education Foundation. This form is required for the application to be considered complete. The form must be returned to the Foundation with an original signature.

Applicant's Name: _____

School Name: _____

Program Enrolled: _____

School Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Year Entered: _____ Expected Program Completion Date: _____
Month/Year Month/Year

Enrollment Status: F/T P/T # of units currently enrolled: _____ GPA: _____
(Based on FALL or SPRING Semester/ Quarter academic year) (as defined by the educational institution)

Please comment on the student's performance and potential for academic success.

Please attach a copy of any record showing your tuition costs for the VN program you are enrolled or accepted in.

Through our selection process, I have determined that the applicant can speak the following Medi-Cal threshold language(s):

- | | | | |
|------------------------------------|---------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cantonese | | | |

- I certify that I am the Program Director.
 I certify that I am authorized to sign this document on behalf of the Program Director.

I declare under penalty of perjury that these statements are true and correct.

Name: (Please Print) _____

Signature: _____

Title: _____

Phone Number: _____

Fax Number: _____

Email: _____

Date: _____

Attach Business Card Here