

# THE NEW MEXICO AHEC SCHOLARS PROGRAM

## ELIGIBILITY VERIFICATION FORM

**Directions to student applicant:** Please have an administrative official (e.g., the Dean, Registrar, or a staff person in the Admissions Office) in the health profession program in which you are enrolled complete and sign this form, which should be submitted with your application. Please scan and attach the completed form to an email to [NMAHECScholars@salud.unm.edu](mailto:NMAHECScholars@salud.unm.edu). In your message, include your name and "AHEC Scholars Program Application Form" in the subject line. (You can also send any questions you might have to this email address.)

As the \_\_\_\_\_ of \_\_\_\_\_ program, I attest that  
Title Program Name

\_\_\_\_\_ is currently enrolled in the \_\_\_\_\_  
Student Applicant Name Program Name

program as a \_\_\_\_\_ candidate and is in good academic standing. In January  
Degree Type

2023, \_\_\_\_\_ will be in his/her \_\_\_\_\_ year in the  
Student Applicant Name Year number (e.g., second, third, etc.)

program and is expected to graduate in \_\_\_\_\_ of \_\_\_\_\_.  
Month Year

\_\_\_\_\_  
Printed Name of Program Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Program Representative

\_\_\_\_\_  
Date