



2025 NAHRI Scholarship application

* 1. Please provide your contact information.

First and last name	<input type="text"/>
Credentials (such as CPC, RHIT, etc.; if none please enter N/A)	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 2. What NAHRI/HCPPro training have you used in the past? Select all that apply. (Note: It is not a requirement to have used/attended/purchased any NAHRI/HCPPro training in the past.)

- ☐ NAHRI membership
- ☐ Revenue Integrity Essential Skills Online Learning
- ☐ Medicare Boot Camp (any version)
- ☐ Revenue Integrity Symposium
- ☐ CHRI Exam
- ☐ CHRI Exam Study Guide
- ☐ CHRI Practice Exam
- ☐ Core Functions of Revenue Integrity
- ☐ Other (please specify)

- ☐ None of the above

* 3. Please attach a resume.

Choose File

Choose File

No file chosen

* 4. Personal statement. Please attach a personal statement explaining your financial need for the scholarship and how you, your organization, or community will benefit from your attendance at the Revenue Integrity Symposium. Please include your name, credentials (if applicable), job title, and a brief overview of your organization, including its size, services offered, population served, and whether it is non-profit or for-profit.

Choose File

Choose File

No file chosen

* 5. Letter of support. Please attach a letter of support from a professional contact at your organization endorsing your scholarship application. The letter should speak to the applicant's commitment to the revenue integrity profession and support for the applicant's attendance at the Revenue Integrity Symposium. (**Note:** Please bear in mind that the scholarship recipient and/or the scholarship recipient's organization is responsible for all travel expenses; the scholarship covers only the cost of registration.)

Choose File

Choose File

No file chosen

* 6. By typing your name and the date in the textbox below you hereby attest that all the information provided in this application is true and accurate to the best of your knowledge.