

Mary Free Bed Guild Scholarship Program Diagnosis Verification Form

Mary Free Bed Guild has established the Mary Free Bed Guild Scholarship Program to assist high school seniors, graduates, current postsecondary undergraduates, or graduate level students who have been diagnosed by a physician as having a physical disability or as overcoming any serious acquired or congenital neurological condition treatable through rehabilitation.

RELEASE OF INFORMATION TO BE COMPLETED BY APPLICANT

On _____, I, _____
(Date) (Printed name & signature of applicant)

If applicant is under the age of 18:

(Parent printed name & signature if applicant under age 18)

authorize _____
(Printed name of physician)

to release to Scholarship America information regarding my disability diagnosis to show I meet eligibility requirements for the Mary Free Bed Guild Scholarship Program.

THIS SECTION TO BE COMPLETED BY PHYSICIAN

I certify that _____ is under my medical care and has been diagnosed with
(Applicant name)
a physical disability or has overcome any serious acquired or congenital neurological condition treatable through rehabilitation.

(Physician's signature)

(Date)

Physician's clinic: _____

Physician's telephone: (_____) _____

Physician's address: _____

This information will be used only for the Mary Free Bed Guild Scholarship Program and will be treated with utmost confidentiality.