

# 2024 Northwestern Mutual Childhood Cancer Survivor Scholarship

For this verification to be accepted, it must be include a preceding fax coversheet containing clinic name and address for the treating Doctor and/or Clinic, by February 1, 2024, 03:00 pm CT with the submitted application.

## Medical Verification Form

Northwestern Mutual Foundation has established a scholarship program to assist cancer survivors, age 25 and under, who plan to continue their education in college or vocational school programs.

Eligibility requirements are as follows:

- Be cancer survivors, age 25 and under, who have been diagnosed by a physician as having had treatment for and survived cancer. Applicants must submit a completed and signed Medical Verification Form at the time of the submission of their application to be considered for a scholarship.

### RELEASE OF INFORMATION TO BE COMPLETED BY APPLICANT

On \_\_\_\_\_ I, \_\_\_\_\_  
(printed applicant name) (date) (signature of applicant)

\_\_\_\_\_  
(parent name & signature if applicant under age 18)

authorize \_\_\_\_\_ to release to Scholarship America information  
(printed name of physician)  
regarding my cancer diagnosis to show I meet eligibility requirements for the Northwestern Mutual Childhood Cancer Scholarship.

### THIS SECTION TO BE COMPLETED BY PHYSICIAN

I certify that \_\_\_\_\_ (applicant name) was diagnosed with

\_\_\_\_\_ on \_\_\_\_\_  
(type of cancer) (date of diagnosis)

and is:

- Considered a cancer survivor  
 Still receiving treatment

- Cured  
 No Cancer Diagnosis

\_\_\_\_\_  
(physician's signature)

\_\_\_\_\_  
(date)

Physician's telephone # (\_\_\_\_\_) \_\_\_\_\_

Physician's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_