

Medical Professional Verification

Dear Medical Professional,

The following student has applied for the Courageous Student Scholarship from the Jamie Phillips Memorial Cancer Fund, Inc. Due to the financial award associated with this scholarship, verification of the student's diagnosis is required. At your earliest convenience, please complete the below form and return it to the student. Thank you for your time and attention in this matter. If you have any questions or concerns, please feel free to reach out to me directly.

Valerie Phillips
Founder & Executive Director
The Jamie Phillips Memorial Cancer Fund, Inc.
vphillips@thejamiephillipsfund.org

APPLICANT'S FULL NAME:

DIAGNOSIS:

HOSPITAL / MEDICAL PRACTICE:

MEDICAL PROFESSIONAL'S NAME:

PHONE:

MEDICAL PROFESSIONAL'S SIGNATURE:

DATE: _____