



We change lives by creating a community of support for young adults, and their loved ones, as they fight cancer and embrace survivorship.

ulmancancerfund.org

410.964.0202

921 E. Fort Ave, Ste 325, Baltimore MD 21230

Physician Verification Form

Please have your physician complete this form and submit it with your application. If your parent, guardian or sibling has passed away from cancer, we ask that you submit a copy of his or her death certificate with your application in lieu of this form. Thank You.

Dear Doctor,

The following applicant has applied for a college scholarship from the Ulman Cancer Fund for Young Adults. Your cooperation in verifying their diagnosis or the diagnosis of a parent or sibling is greatly appreciated.

Please complete this form and return it to the applicant. The applicant is responsible for including this form in their application.

Thank you for your assistance in this matter. If you have any questions, please feel free to contact the Ulman Cancer Fund for Young Adults at scholarship@ulmanfund.org.

Lauriann Parker
Scholarship Program Coordinator

APPLICANT'S FULL NAME: _____

PATIENT'S FULL NAME: _____

DIAGNOSIS: _____

DATE OF DIAGNOSIS: _____ **APPLICANT'S AGE AT DIAGNOSIS:** _____

HOSPITAL / ONCOLOGY PRACTICE: _____

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE: _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____