



LIFE Scholarship Foundation, Inc., P.O. Box 290078, Brooklyn, New York 11229

Physician Verification Form

Instructions: Please have your (or your parent or guardian) physician complete this form and submit it with your application. If your parent or guardian has passed away from cancer, please submit a copy of his or her death certificate with your application in lieu of this form.

Dear Doctor:

The following applicant has applied for a college scholarship from the LIFE Scholarship Foundation. Your cooperation in verifying their cancer diagnosis or the diagnosis of a parent or guardian 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 us at info@lifescholarshipfund.org.

Rhett Kikuyama

Co-Founder and Executive Director



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Applicant's Name: _____

Patient's Name: _____

Diagnosis: _____ Date of Diagnosis: _____

Hospital / Oncology Practice: _____

Address: _____

Physician's Name: _____ Phone: _____

Signature: _____ Date: _____