

RESEARCH DISCOVERIES HOPE
SUCCESS PROGRESS



EXPECT MIRACLES FOUNDATION
Financial Services Against Cancer

Expect Miracles Foundation Scholarship Physician Verification Form

Applicant: Please have your physician complete this form and submit it with your application. Thank You.

Dear Doctor,

The following applicant has applied for a college scholarship from Expect Miracles Foundation. Your cooperation in verifying their diagnosis is greatly appreciated. Please complete this form and return it to the applicant. The applicant is responsible for including this form in their application.

If you have any questions, please feel free to contact Megan Melville at mmelville@expectmiraclesfoundation.org or call 617-391-9235. Thank you for your assistance in this matter.

Sincerely,

Megan Melville

Megan Melville | Events & Operations Assistant
Expect Miracles Foundation | *Financial Services Against Cancer*

YOU ARE THE CURE



Expect Miracles Foundation Scholarship Physician Verification Form

(To Be Completed by Physician or Authorized Hospital Representative)

Applicant's Full Name: _____

Applicant's Diagnosis: _____

Date of Diagnosis: _____ **Applicant's Age at Date of Diagnosis:** _____

Hospital/Oncology Practice: _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone: _____

Physician's or Authorized Hospital Representative Signature: _____

Title: _____

Date: _____

YOU ARE THE CURE