

Gold Ribbon Scholarship

Emily's Kids Foundation



Physician/Social Worker's Verification Form

Please have your Physician/Social Worker complete this form and submit it with your application.

Dear Physician/Social Worker,

The following applicant has applied for an education related scholarship from the Emily's Kids "Gold Ribbon Scholarship Fund".

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

APPLICANT'S FULL NAME: _____

DIAGNOSIS: _____

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

HOSPITAL/ONCOLOGY-HEMOTOLOGY TREATMENT: _____

PHYSICIAN/SOCIAL WORKER'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

Physician/Social Worker's SIGNATURE: _____ DATE: _____