2020 APPLICANT AGREEMENT:

I hereby affirm that all information provided by me in my submission is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the FOSRX/FAST scholarship program. Winners will be asked to submit additional photos with scholarship check.

I hereby understand that if chosen as a scholarship winner, according to the FOSRX/FAST Scholarship policy, it is my responsibility to use all scholarship funds toward furthering the education through private or public college/university listed above. I also agree to be an ambassador for this scholarship program in the upcoming year, and will conduct myself accordingly.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____

Date: _____

STATEMENT BY PHYSICIAN

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to FOSRX/FAST.

I hereby affirm that _____ (name of applicant) has been diagnosed with _____, and that I oversee this patient.

Signature of physician submitting the application: _____

Date: _____

Contact information (email and phone): _____

Clinic or hospital name:_____