

Hillary R. Kalish Scholarship

PHYSICIAN'S STATEMENT

Physician's Statement due by February 5, 2016

Scholarship Application due by February 1, 2016

The Hillary R. Kalish Scholarship application requires a signed statement from your physician describing your medical challenge and how it will affect your capacity to attend Columbia. Once the physician signs the form, please return it by fax, e-mail, or mail.

- Scan & e-mail: scholarships@colum.edu
- Mail: Office of Enrollment Management Services
Columbia College Chicago
600 S. Michigan Ave., Suite 300
Chicago, IL 60605
- Or Fax: 312-369-8428

PLEASE PRINT OR TYPE ALL INFORMATION

STUDENT'S NAME _____

STUDENT'S OASIS I.D. # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

PERMISSION TO RELEASE MEDICAL INFORMATION

I hereby grant permission for my physician to release, share with, or describe to the Hillary R. Kalish Scholarship Committee at Columbia College Chicago such medical records and/or opinions as he or she deems necessary in order for me to be considered as a candidate for the scholarship. The committee will only use this information to make a determination as to the applicant's eligibility for the scholarship. The committee will not share this information with anyone outside of the committee without the applicant's permission.

Student's Signature _____ Date _____

PHYSICIAN'S STATEMENT

The following section must be completed by the physician most familiar with the student's medical challenge.

Physician's Name _____

Office Address _____

Please name and describe the student's medical condition, illness, or syndrome:
