

Arthritis Foundation – Greater Southwest Chapter Winterhoff Scholarship Application

Application Deadline: March 1, 2010

Award Amount: Up to \$7,500 each academic year, to be disbursed to student university accounts in installments at the beginning of each semester. The terms established by the donors require that scholarship funds be utilized only for tuition, books and supplies.

Eligibility:

- . Must have some form of diagnosed rheumatic disease and have *Physician's Certifying Statement* completed and attached.
- . Must be classified as an Undergraduate or Graduate student.
- . Must maintain a minimum 2.5 cumulative grade point average (on a 4.0 scale) in order to be eligible for renewal for the next academic year.
- . Must be enrolled full-time each semester and have completed the full-time units in order to be eligible for renewal for the next academic year.
- . Must be willing to be involved in the Arthritis Foundation Scholarship publicity and agree to meet with the Arthritis Foundation officials in Phoenix.

Application Process:

- . Please complete the information below and mail the completed application to the Arizona State University Disability Resource Center at the following address:

Arizona State University
Disability Resource Center
P.O. Box 873202
Tempe, AZ 85287-3202

- . Whether a scholarship will be granted and the amount thereof is within the sole and absolute discretion of the Arthritis Foundation. There are no guarantees that this scholarship program will be available in subsequent academic years or that any scholarship will be renewed, regardless of whether or not the recipient meets the stated qualifications for renewal.

Name			
Student ID			
Date of Birth	/ /	Class	Fr Soph Jr Sr Grad Prof
Address			
Phone Number			
E-mail Address			
FAFSA on file	Yes	No	

I authorize Arizona State University to release my academic and financial aid information to scholarship donors, and it is further understood that any materials submitted for this Application shall become the property of Arizona State University and the Arthritis Foundation.

Signature

Date

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Physician’s Certifying Statement:

I verify that _____ is providing medical
(physician name)

treatment to _____ who has been diagnosed with
(patient name)

(diagnosis) which is a form of rheumatic disease. I understand
that this information is requested as a component of a scholarship application, provided as the
Arthritis Foundation - Greater Southwest Chapter’s Winterhoff Scholarship Program. This
medical disclosure will only be utilized as information on this application form and will not
be allowed for any other use. Information regarding treatment and diagnosis will remain
subject to the confidentiality between physician and patient.

Signed

Date

This statement must accompany application.