



Scholarship Office
150 E College Avenue
Ephraim, UT 84627
(435) 283-7150, Fax (435) 283-7314

Scholarship Medical Appeal

Student's Full Name: _____ Badger ID: _____

Permanent Address: _____ Phone Number: _____

Have you submitted paperwork with the ADA Coordinator Yes No

Reason for Medical Appeal:

* By filling out and signing this form, I am granting permission to my medical professional to release information to Snow College.

The student's Medical Professional must fill out the next portion of this form:

Medical Professional's Name: _____ Location of Practice: _____

Diagnosis: _____

Does this diagnosis preclude student from attending school? Yes No

If yes, for how long? _____

*Provide any additional documentation that you feel may be helpful in our decision making process.

Student Signature Date

Physician Signature Date