



# REC AND FIT SCHOLARSHIP

Physician's Form

## Applicant Information

Please complete the section below, then request that your physician complete the rest.

Name (Last)	(First)	(Middle Initial)
Briefly Describe Your Request		

## Statement of Purpose

The Cody Dieruf Benefit Foundation [CDBF] has received a request for a REC & FIT Scholarship to cover a fitness expense. As part of our review process, we need to verify the current health condition of the applicant.

## Physician's Endorsement

How long have you treated the applicant? \_\_\_\_\_

How would you rate their compliance with medications and treatments on a scale of 1 to 10, with 10 being entirely compliant? (Circle one below)

1      2      3      4      5      6      7      8      9      10

Do you have any concern about their ability to participate or utilize their request stated above?

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As the primary cystic fibrosis care provider of the applicant listed above, I support and encourage their participation in physical activity as part of their well-being. I understand that CDBF is not promoting any form of interaction between individuals living with cystic fibrosis, and the funds being requested are strictly for the individual purpose of promoting physical fitness and recreation as an additive measure of airway clearance. I feel that the applicant is an excellent candidate for this scholarship.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_