

Student's Social Security Number: _____

AMBUCS™
Program Acceptance or Enrollment Certification

I have been named a semi-finalist for an AMBUCS™ Scholars-Scholarships for Therapists Award. In order to proceed with the next phase of the application process, I must submit a completed program acceptance/enrollment certificate to AMBUCS™ by May 15. Please complete the information below and return it to me as soon as possible as proof of acceptance in your program.

Signed _____

(Scholarship Applicant)

TO: AMBUCS™ NATIONAL SCHOLARSHIP COMMITTEE

1. This is to certify that _____
(Scholarship Applicant)

has been accepted for enrollment in

Discipline: Occupational Therapy, Physical Therapy, Speech Pathology, or Hearing Audiology)

2. We understand that a scholarship grant is only payable to the school for credit to the student's account. Make scholarship checks payable to:

Signed _____ (Title)

(School or University) Title _____
(Admissions Officer, Registrar, or Program Director)

(Street or PO Box) Date _____

(City, State, Zip) (_____) Telephone _____

Instructions for student: Please be sure to include your social security number in the upper right hand corner. Submit it with the other support documents required. This Program Acceptance/Enrollment Certificate should be the top document. The second document required is your personal statement, which should be typed and no more than one page, double-spaced. Third, attach a copy of last year's IRS 1040 form. Include your parent's 1040 if you are parent supported (i.e. if your parent or guardian claims you as a dependent on his or her tax forms and helps pay your expenses). Staple the documents together in the upper left-hand corner. Please mail this completed form as well as the other support documents to AMBUCS™ Scholars, AMBUCS™ Resource Center, PO Box 5127, High Point, NC 27262. Note: Due to poor reproduction quality, faxes are not accepted.