

# Application

## Surgical Watch - Disability Scholarship Award

To be considered for the scholarship award, applicants must provide complete the following application form along with their essay.

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Name:

Address:

Home Phone:

Mobile Phone:

Name of School Accepted to or Attending:

Address of School:

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### Additional Attachments to be provided with this application form:

- Application attachments must be in Word or PDF formats only.
  - Proof of attendance or acceptance at a 4-year college program or ABA- accredited law school.
  - Copy of most recent school transcript.
  - Applicant must submit medical documentation verified by a doctor in support of his/her disability
  - Applicant Photo (optional)
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### Application Submission

Please submit your essay via email to: [scholarship@surgicalwatch.com](mailto:scholarship@surgicalwatch.com)  
For additional information, visit <http://surgicalwatch.com/scholarship-award/>

By submitting an essay, applicants agree to allow Surgical Watch to contact them by phone and/or email, to contact the school for confirmation of academic status, and to post the all essays being considered for the award on its websites and social media platforms at its discretion. Applicants' photos may be used if submitted.

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Print Name

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Signature of Applicant