

**MEDICAL OPINION FOR ELIGIBILITY
RICK DUDLEY SCHOLARSHIP**

(Must be completed by a licensed medical doctor in order for applicant to be considered qualified to receive a Rick Dudley Scholarship at Salisbury University)

I am aware that _____ ("My Patient") has applied for a Rick Dudley Scholarship at Salisbury University ("SU"). I have also been informed that the intent of the scholarship is to assist individuals with "severe and substantial disabilities" in pursuing a graduate

I have personally examined and have put my initials next to each statement listed above that fairly and accurately apply to My Patient. The following is a brief description of My Patient's relevant medical condition:

Ph