

APPLICATION FOR MCAT ACCOMMODATION SERVICES FINANCIAL BENEFIT

This form is to be used by MCAT examinees needing financial assistance to update psychoeducational or medical evaluations to support their application for accommodations on MCAT exam. Please see the website for more information regarding the amount of financial assistance, eligibility requirements, and submitting an application.

<u>Please note: This application is separate from the AAMC's Fee Assistance Program.</u> Approval for the AAMC's Fee Assistance Program is a pre-requisite for financial assistance for re-evaluation to support accommodations requests.

CONTACT INFORMATION				
NAME:				
AAMC ID#:				
MAILING ADDRESS:				
EMAIL:	PHONE:			
COLLEGE/ UNIVERSITY:				
BACKGROUND INFORMATION				
TYPE OF DISABILITY OR MEDICAL CONDITION:				
DATE OF INITIAL DIAGNOSIS:				
DATES OF PREVIOUS EVALUATIONS:				
CERTIFICATIONS				
To be eligible for financial assistance, you must certify that you agree to the statements below by checking each box and providing your signature below.				
	If approved for assistance, I will use the assistance to obtain an evaluation for the purpose of applying for testing accommodations on the MCAT exam			

MCAT® is a program of the Association of American Medical Colleges



	I understand that approval for and use of MCAT financial assistance for medical evaluation does not guarantee approval of testing accommodations review is a separate process from the review for the accommodations review is a separate process from the review for the second control of th	ations. I further understand that		
CONSENTS				
MCAT Accommodation Services may need to communicate directly with your current or previous evaluators to authenticate the documentation you have provided with this application.				
By checking the box and signing below, you authorize the MCAT Accommodation Services staff to communicate with your evaluator(s).				
	I authorize the staff of MCAT Accommodation Services to communicate, at their discretion, with my evaluators as it pertains to my request for financial assistance.			
SIGNATURE				
Applic	ant's Signature	Date		

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