

# MCAT APPLICATION FOR FINANCIAL ASSISTANCE FOR PSYCHOEDUCATIONAL OR MEDICAL RE-EVALUATIONS

This form is to be used by MCAT examinees needing financial assistance for updating psychoeducational or medical evaluations for the MCAT program's accommodations request process. Please read the attached instructions before completing and submitting this application.

**NOTE:** this application is separate from the AAMC's Fee Assistance Program.

## CONTACT INFORMATION

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

COLLEGE/  
UNIVERSITY: \_\_\_\_\_

## BACKGROUND INFORMATION

TYPE OF DISABILITY OR  
MEDICAL CONDITION: \_\_\_\_\_

DATE OF INITIAL  
DIAGNOSIS: \_\_\_\_\_

DATES OF PREVIOUS  
EVALUATIONS: \_\_\_\_\_

ACCOMMODATIONS  
HISTORY: Please describe accommodations received throughout your education:  
Elementary/Primary School: \_\_\_\_\_  
\_\_\_\_\_  
High School: \_\_\_\_\_  
\_\_\_\_\_  
College: \_\_\_\_\_  
\_\_\_\_\_

## 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
  
- I intend to take the MCAT exam within the next year.
  
- I understand that approval for and use of MCAT financial assistance for a new psychoeducational or medical evaluation does not guarantee approval of testing accommodations. I further understand that the accommodations review is a separate process from the review for financial assistance.

## CONSENTS

The MCAT Office of Accommodated Testing Services may need to communicate directly with your current or previous evaluators to:

- authenticate the documentation you have provided with this application,
- seek clarification of information in your evaluation, or
- exchange information in order to issue a check equivalent to the financial award should you be approved for financial assistance.

By checking the box and signing below, you authorize the MCAT staff to communicate with your evaluator(s).

- I authorize the staff of the MCAT Office of Accommodated Testing Services to communicate, at their discretion, with my evaluators as it pertains to my request for financial assistance.

## SIGNATURE

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**AAMC ID#**