



**MSFITNESSCHALLENGE.COM**

## MS FITNESS CHALLENGE Scholarship for MS Fitness Specialist Course

Please complete application in its entirety. Incomplete applications will not be considered for scholarship award. Winners will be contacted via email.

**Purpose:** Scholarship winner will receive complete reimbursement for the MS Fitness Specialist course. One applicant will be chosen each month.

### **Program Guidelines**

- \* Applicants must complete and pay for MEDFIT MS Fitness Specialist course and have proof of completion.
- \* Applicants must train a person with Multiple Sclerosis for one month and show proof of training by providing clients email and or phone number. Client will be contacted to verify training.
- \* Write 3-5 paragraph report showing progress client made due to the personal training and or how this has impacted their lives positively.
- \* Write short testimonial how working with someone with MS has impacted your training career.

Scan application and reports and fax to (310) 359-0259 or email to [msfcinfo1@gmail.com](mailto:msfcinfo1@gmail.com)

Please submit any questions to [msfcinfo1@gmail.com](mailto:msfcinfo1@gmail.com)



## MS Fitness Challenge

### MS Fitness Specialist Course Scholarship

### Application Form

**Please type your answers.**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Daytime/ Cell number: (    ) \_\_\_\_\_
4. Email address: \_\_\_\_\_
5. Address where Personal training of MS client took place: \_\_\_\_\_
6. Name and phone number or email of MS Client that was trained for 4 weeks: \_\_\_\_\_

**ATTACH:**

1. Copy of certificate of Completion of the MS Fitness Specialist Course
2. Report on progress of MS Client after 4 weeks of training.
3. Testimonial from Trainer how working with someone with MS has impacted their training career.
4. Statement of Accuracy Form.



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## **MS Fitness Challenge**

### **MS Fitness Specialist Scholarship Statement of Accuracy**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture or video may be taken and used to promote the MS Fitness Challenge/ MS Fitness Specialist scholarship program.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_

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