CRMC
CUYUNA REGIONAL MEDICAL CENTER
Crosby - Longville - Baxter

Camp Needlepoint Scholarship Application

Please Print:

Patient Name:_____
(Last) *(First)* *(Middle initial)*

Parent's Name:_____
(Last) *(First)* *(Middle initial)*

Patient Birthdate:_____/_____/_____
Month Day Year

Address:_____

City:_____ State:_____ Zip:_____

Home Phone: _____ Other Phone:_____

Primary Clinic: _____ Phone Number: _____

Primary Physician:_____

Date of Diagnosis with Type 1 Diabetes:_____

Signature: _____ Date: _____

Please mail completed application to:
Cuyuna Regional Medical Center
Attn: Diabetes Education
320 East Main Street
Crosby, MN 56441

Reviewed by: _____ Date: _____ Eligible: ❑ Yes ❑ No