

APPLICANT INFORMATION ACKNOWLEDGMENT AND CONSENT (REQUIRED)

I, (print full name) _____ am submitting an application for the Education Advantage Scholarship program sponsored by Takeda and managed by Scholarship America. I agree to provide personal information to be used to determine my eligibility for the Education Advantage Scholarship program. This information includes, but is not limited to, name, address, phone number, social security number, gender, medical condition, treatment information and age. The information submitted on the program application documents will only be used to determine my eligibility and participation in the Education Advantage Scholarship program.

If I am chosen as a recipient of a scholarship, I consent to the use of my name and photograph as well as non medical or financial elements from my personal statement and background as included in my application. These may be used in external communication vehicles including newspapers and the internet. Takeda may contact scholarship recipients about future opportunities related to the Education Advantage program.

Medical information contained in my application materials will be reviewed by Takeda Pharmaceutical Company Limited personnel only for the purpose of screening for Adverse Events. If Takeda determines that an investigation is warranted, it may contact me and/or my physician. This process will have no impact on my eligibility or potential to be selected to receive a scholarship, which is determined exclusively by Scholarship America. Takeda will not have access to any financial information that I provide in the application.

It is anticipated that this Project will be developed during the following time period: 2020. This authorization will expire three years from the date of my signature or after the applicable information is no longer needed by Takeda for the Project as authorized, whichever is later. I understand that all information submitted by me carries with it the potential for disclosure, and that once the information is disclosed it may no longer be protected by privacy laws and regulations and may be re-disclosed by the recipient.

Unless I choose to opt out, I will be enrolled in the Education Advantage program email database, through which I will receive program updates and other educational information related to the program.

A revocation of this authorization will not apply to records, information, photos, or other information for the program already used or disclosed in reliance upon this document. I understand that revoking this authorization or deciding not to participate in the Education Advantage program will not impact my ability to receive Takeda products or services.

Moreover, through my signature on this form I agree to release Takeda, its parent, or any of its affiliates, subsidiaries, or assignees from liability for the access to, release of and use of the above information to the extent covered by this authorization.

I do not want to receive program news and information from the Education Advantage program.

Applicant Name (please print) _____

Applicant Signature _____ Date _____

If under the age of 18:

Guardian Name (please print) _____

Guardian Signature _____ Date _____

Upload the completed form as part of your application.

Applications must be submitted by 3:00 p.m. CT on July 16, 2020

Takeda is not involved in the decision making process