

BioMarin Scholarship Program

Diagnosis Verification Form

DO NOT GIVE COMPLETED FORM TO APPLICANT.

For this verification to be accepted, it must be sent from the physician's clinic (not a University or College) to the attention of Lucy Stringer emailed to biomarin@scholarshipamerica.org by deadline date of April 5th, 2024.

BioMarin Pharmaceutical Inc. has established the BioMarin Scholarship Program to assist high school seniors, graduates, current postsecondary undergraduates, or graduate level students who have been diagnosed by a physician with having achondroplasia, Batten disease, hemophilia A, mucopolysaccharidosis (MPS) or phenylketonuria (PKU), regardless of treatment status.

Eligibility requirements: Applicants must have been diagnosed with having achondroplasia, Batten disease, hemophilia A, mucopolysaccharidosis (MPS) or phenylketonuria (PKU), regardless of treatment status. (If the applicant has been diagnosed with more than one of these conditions, please choose the most relevant condition for this application.)

RELEASE OF INFORMATION TO BE COMPLETED BY APPLICANT

On _____ I, _____
(Date) (Printed name & signature of applicant)

If applicant is under the age of 18:

(Parent printed name & signature if applicant under age 18)

authorize _____
Printed name of physician)

to release to Scholarship America information regarding my disease diagnosis to show I meet eligibility requirements for the BioMarin Scholarship Program.

THIS SECTION TO BE COMPLETED BY PHYSICIAN

I certify that _____ is under my medical care and has been diagnosed with
(Applicant name)

MPS

PKU

hemophilia A

Batten Disease

None of these

achondroplasia

(Physician's signature)

(date)

Physician's telephone # (_____) _____

Physician's address: _____

This information will be used only for the BioMarin Scholarship Program and will be treated with utmost confidentiality.