BioMarin Scholarship Program Diagnosis Verification Form

DO NOT GIVE COMPLETED FORM TO APPLICANT.

For this verification to be accepted, it must be sent from <u>the physician's clinic</u> (not a University or College) to the attention of Lucy Stringer emailed to <u>biomarin@scholarshipamerica.org</u> by deadline date of March 28th, 2025.

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 physicial as having any form of Achondroplasia, Batten disease, hemophilia A, any form of Mucopolysaccharidoses disease (MPS) or Phenylketonuria (PKU), regardless of treatment status.

Eligibility requirements: Applicants must have been diagnosed with having any form of Achondroplasia, Batten disease, hemophilia A, any form of Mucopolysaccharidoses disease (MPS) or Phenylketonuria (PKU), regardless of treatment status. (If the applicant has been diagnosed with more than one of these diseases, please choose the most relevant disease for this application.)

RELEASE OF INFORMATION TO BE COMPLETED BY APPLICANT

On	I,
(Date)	(Printed name <u>& signature</u> 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(Applicant name)	is under my medical care and has been diagnosed with
 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.