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) with preceding fax coversheet containing clinic name to the attention of Kandy Fraley by fax (507) 931-2789 or email to kfraley@scholarshipamerica.org by deadline date of March 29, 2022.

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 mucopolysaccharidoses (MPS) disease, phenylketonuria (PKU), or Batten disease, regardless of treatment status.

Eligibility requirements: Applicants must have been diagnosed with having any form of mucopolysaccaridoses (MPS) disease, phenylketonuria (PKU), or Batten disease, 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

(Date)	(Printed name <u>& signature</u> of applicant)
If applicant is under the age of 18:	
(Parent	t printed name & signature if applicant under age 18)
authorize	Drinted name of physician)
to release to Scholarship America informati	on regarding my disease diagnosis to show I meet eligibility requirements for the
BioMarin Scholarship Program.	on regarding my disease diagnosis to show time et engismity requirements for the
Т	THIS SECTION TO BE COMPLETED BY PHYSICIAN
I certify that	is under my medical care and has been diagnosed with
(Applicant	name)
	
☐ MPS	Batten Disease
☐ PKU	☐ None of these
Achondroplasia	3
(Physician's signature)	
Physician's telephone # (1
rifysician's telephone # ()
Physician's address:	
	
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This information will be used only for the BioMarin Scholarship Program and will be treated with utmost confidentiality.