

## 2026 AbbVie Immunology Scholarship

**For this verification to be accepted, it must be uploaded with your application, by the deadline of April 30, 2026 at 3pm CST.**

The AbbVie Immunology Scholarship is designed to provide financial support for exceptional students living with the following inflammatory diseases: ankylosing spondylitis (AS), Atopic dermatitis (AD), Crohn’s disease (CD), Giant cell arteritis (GCA), Hidradenitis suppurativa (HS), Juvenile idiopathic arthritis (JIA), Juvenile Psoriatic arthritis (jPsA), Psoriatic arthritis (PsA), Psoriasis (Ps), Rheumatoid arthritis (RA), Uveitis (UV), or Ulcerative colitis (UC).

Eligibility requirements: Applicants must have been diagnosed with AS, AD, CD, GCA, HS, JIA, jPsA, PsA, RA, UV, or UC by a healthcare professional. (If the applicant has been diagnosed with more than one of these inflammatory diseases, please choose the most relevant inflammatory disease for this application.)

**It is not necessary for applicants to have taken, currently take, or intend to take in the future any medicine or product marketed by AbbVie; this will not be a consideration in the recipient-selection process.**

### RELEASE OF INFORMATION TO BE COMPLETED BY APPLICANT

I, \_\_\_\_\_ on \_\_\_\_\_  
*(Printed name & signature of applicant)* *(Date)*

If applicant is under the age of 18:

\_\_\_\_\_ on \_\_\_\_\_  
*(Printed parent/guardian name & signature of parent/guardian)* *(Date)*

authorize \_\_\_\_\_  
*(Printed name of physician)*

to release to Scholarship America information regarding my immunology disease diagnosis to show I meet eligibility requirements for the AbbVie Immunology Scholarship.

### THIS SECTION TO BE COMPLETED BY PHYSICIAN

I certify that \_\_\_\_\_ is under my medical care and has been diagnosed with: AS AD CD GCA HS JIA jPsA Ps PsA RA UC UV None

\_\_\_\_\_ on \_\_\_\_\_  
*(Physician's Signature)* *(Date)*

Physician's telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ Physician's Fax # ( \_\_\_\_\_ ) \_\_\_\_\_

Physician's address: \_\_\_\_\_

By checking this box, I consent for Scholarship America to provide my information to AbbVie for promotional items. (This will not affect the student's chance of receiving the scholarship)