

DIAGNOSIS VERIFICATION  
FORM

#RAREis Scholarship Fund

THE EVERYLIFE FOUNDATION FOR RARE DISEASES has established the #RAREis Scholarship Fund to assist persons who have been diagnosed\* by a physician as having any form of rare disease regardless of treatment status.

Eligibility requirements: Applicants must have been diagnosed with having any form of rare disease regardless of treatment status. A disease is defined as rare when it affects fewer than 200,000 people in the United States. If you are unsure if your disease is rare, please refer to [The National Institute of Health and the Genetic and Rare Diseases Information Center](#) or [NORD](#). \*Undiagnosed applicants may apply with completed Diagnosis Verification Form by a physician.

Scholarship America is facilitating the #RAREis Scholarship Fund on behalf of The EveryLife Foundation for Rare Diseases. Scholarship America will manage the scholarship application process, selection process and distribution of funds independent of Horizon Therapeutics input.

**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 disease diagnosis to show I meet eligibility requirements for the #RAREis Scholarship Fund.

**THIS SECTION TO BE COMPLETED BY PHYSICIAN**

I certify that \_\_\_\_\_ is under my medical care

and has been diagnosed with: \_\_\_\_\_

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

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

\_\_\_\_\_

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

This information will be used only for the #RAREis Scholarship Fund and will be treated with utmost confidentiality.