



The ALGSAcademic Scholarship program was designed to support Alagille Syndrome families as they look to higher education. Open to Alagille Warriors and their immediate family members, our hope is to provide the means necessary to achieve the individual's education goals.

**ALGSAcademic Scholarship Application
For Students with Alagille Syndrome (ALGS)
Or Immediate Family Members
2026 Information Sheet**

Sponsored by: Alagille Syndrome Alliance (ALGSA)

Scholarship Value: \$1,000.00 (renewable for one year, subject to open competition with other applicants, for a total possible award of \$2,000.00)

Applications Open: April 1, 2026

Application Deadline: April 30, 2026 (11:59 pm in the recipient's time zone when submitted by email; or postmarked by April 30, 2026 for mailed applications)

Award Notification After: May 15, 2026

Background:

In October 2022, the Alagille Syndrome Alliance (ALGSA) established the ALGSAcademic Scholarship. The ALGSAcademic Scholarship funds the education of high school graduates or GED credentialed recipients with ALGS, their siblings, their children, and their parents/guardians who are entering or enrolled in an accredited US university, college or vocational school, and choose to pursue higher education. The Scholarship award is \$1,000.00 for one semester. Applicants may receive awards up to two times for a total possible award of \$2,000.00. Scholarship applications or awards do not have to run consecutively.

Eligibility:

- Be a high school graduate, expect to graduate high school by July 31, 2026, or be a GED credential recipient
- Be diagnosed with Alagille Syndrome (ALGS), a sibling, child, or parent/guardian of a person with ALGS
- Be currently enrolled in or planning to enroll in an accredited US college or university as an undergraduate student or in a US vocational or trade school
- Be a citizen of the United States or a legal and permanent resident of the United States
- See Additional Program Disclosures

Additional Program Disclosures:

- The ALGSAcademic Scholarship is a \$1,000.00 scholarship award
- The ALGSAcademic Scholarship program is currently available for US residents only
- An individual may receive up to two (2) ALGSAcademic Scholarship awards under this program
- Multiple awards are not required to run consecutively
- An individual may receive either the ALGSAcademic Scholarship or the Alaina K. Hahn Celebratory Scholarship but not both at any time during the life of the programs
- The ALGSAcademic Scholarship program is open to any Alagille Warrior, parent, caregiver, sibling, or child of an Alagille Warrior
- Funding through the ALGSAcademic Scholarship funds undergraduate programs in college, university, technical school, trade school, or other higher education institutions
- Graduate programs are not currently included in the ALGSAcademic Scholarship program
- Funding may be used for expenses including but not limited to tuition, books, meal plans, etc.
- Funding for the ALGSAcademic Scholarship award is paid directly to the school
- ALGSA reserves the right to change, discontinue, or cancel this program at any time without notice

Scholarship Value

Applicants can apply and qualify for up to two \$1,000.00 scholarships in total (two separate cycles). The award may be applied to educational expenses at an accredited US university or college (undergraduate), or US vocational school.

Award Notification

All applicants will be notified about the results of the selection process. Each applicant selected to receive an award must notify ALGSA of their acceptance within 30 days of being selected or their award will be forfeited. Award recipients will have the option to participate in publicity about the scholarship. Publicity details will be outlined at the time of notification. If the awardee accepts the scholarship, the award will be deposited with the financial aid office at the recipient's university, college or vocational school to be applied toward the recipient's educational expenses.

How to Apply

Application materials are available on the ALGSA website at www.alagille.org or by request via email to alagille@alagille.org (include "ALGSAcademic Scholarship" in the subject line). Applicants may complete the application process by email or mail to the ALGSA. All submitted application materials are reviewed by the ALGSA Board of Directors Scholarship Team. The ALGSA Scholarship Team administers the program, evaluates applications, and selects the award recipient. The award recipient will be selected based on their planned program of study, evidence of academic achievement, and personal goals and aspirations.

Submit application materials by email to alagille@alagille.org, or mail printed copies of these materials in a single envelope to:

Alagille Syndrome Alliance
Attn: Scholarship Team
PO Box 22
Collierville, TN 38027

For the 2026 year, the deadline for application materials to be submitted by email is 11:59 pm (in the applicant's time zone) on April 30, 2026. If application materials are mailed, the envelope must be postmarked no later than April 20, 2026. Incomplete or late applications will not be accepted.

**ALGSAcademic Scholarship Application
For Students with Alagille Syndrome (ALGS)
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2026 Application Checklist**

Submission of all the following is necessary for consideration.

- Completed 2026 Application Form (attached below)
- Official high school and/or university, college or vocational school transcripts from all academic institutions attended
- Letter of acceptance from university, college or vocational school, and proof of enrollment for all terms in the academic year of the award
- Signed letter from the applicant's treating physician verifying that they have ALGS or signed letter from the ALGS sibling's, parent's, or child's treating physician verifying ALGS diagnosis. The treating physician must include his or her Medical Education (ME) number. The ME number is a 10-digit number assigned to every physician in the US by the American Medical Association for identification and recording of basic physician information. To qualify for the award, the applicant must provide permission for the ALGSA Scholarship Committee to confirm their diagnosis with their treating physician or that of the ALGS sibling or child.
- Two letters of recommendation from teachers or professors, academic advisors, guidance counselors, employer or other individuals familiar with your academic potential and likelihood of success in higher education; recommendations from the applicant's family members will not be accepted.
- One-to two-page personal statement (maximum of 500 words) discussing some or all of the following:
 - How has being an ALGS Warrior/ALGS Sibling/ALGS Parent or Guardian helped you achieve your goals?
 - What are your academic and professional plans?

**ALGSAcademic Scholarship Application
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2026 Application Form**



Completion of all portions of the application is necessary for consideration.
Please print legibly.

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____ Birthdate: ____/____/____ (mm/dd/yyyy)

Gender: () M () F

Are you: () ALGS Warrior () ALGS Sibling () ALGS Parent/Caregiver () ALGS Child

If not you, who is the ALGS Warrior in your family: _____

Name of Current School: _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone: (_____) _____ FAX: (_____) _____

Principal (if applicable): _____

Guidance Counselor (if applicable): _____

Date of High School Graduation: ____/____/____ (mm/dd/yyyy) Cum. GPA _____

Name of University or College Planning to Attend or Currently Attending:

Major or Planned Course of Study: _____

Expected Graduation Date: _____ (month and year)

Address of Financial Aid Office (to which scholarship check, if awarded, should be sent):

City: _____ State: _____ Zip: _____

University or College Phone: (____) _____ FAX: (____) _____

Student ID Number (if available): _____

Academic Adviser (if applicable): _____

Registrar or Financial Aid Office Contact (if applicable): _____

First Day of Next Quarter or Semester Classes: ____/____/____(mm/dd/yyyy)

Fee Payment Deadline: ____/____/____(mm/dd/yyyy)

**ALGSAcademic Scholarship
For Students with Alagille Syndrome (ALGS)
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2026 Diagnosis Verification Form

Instructions for Scholarship Applicant: Please complete Part 1 below, and then ask your treating physician to complete Part 2. You must include this completed and signed form when you submit your scholarship application materials. Please print legibly.

PART 1 (to be completed by Scholarship Applicant)

Applicant name: _____

Applicant relationship to person with ALGS: _____

I give permission to Dr. _____ to complete Part 2 of this Diagnosis Verification Form. I further give permission to the Alagille Syndrome Alliance (ALGSA) or an agent working on the ALGSA's behalf to contact this physician to verify my diagnosis stated in Part 2 below.

Applicant signature: _____ Date (MM/DD/YYYY): _____ (if Applicant is at least 18 years of age)

Parent/guardian signature: _____ Date (MM/DD/YYYY): _____ (if Applicant is <18 years of age)

PART 2 (to be completed by treating physician)

Name of treating physician: _____

Street address: _____ City: _____

_____ State: _____ ZIP code: _____ Phone number: _____

_____ Medical Education (ME) number*: _____

My patient, named as the Scholarship Applicant in Part 1 above, has the following rare disease diagnosis (name of rare disease): _____

Physician signature or stamp: _____

Date (MM/DD/YYYY): _____

*A Medical Education (ME) number is a 10-digit number assigned to every physician in the United States by the American Medical Association for identification and recording of basic physician information.