RISE by mirum

Recognizing Individuals, Supporting Education

RISE Bursary Program

Letter of Recommendation Form

Applicant name: _____

Your name: _____

Relationship to applicant: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Please describe the applicant's character and how they have shown resilience in facing the challenges of living with cholestatic liver disease or supporting a sibling with this diagnosis.

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