



Thank you for your interest in the **Soozie Courter “Sharing a Brighter Tomorrow” Hemophilia Scholarship Program**. Scholarships will be awarded to applicants with hemophilia A or B who present the best combination of a creative and persuasive essay, excellent recommendations, and superior academic standing.

For the 2010-2011 academic year, Pfizer will award:

- Five \$4,000 graduate scholarships
- Twelve \$2,500 college scholarships, including vocational schools

To be eligible, you must:

- Have been diagnosed with hemophilia A or B and meet one of the following educational criteria:
 - Be a high school senior or graduate, or
 - Have completed high school or an equivalent (eg, graduate equivalency diploma (GED), or
 - Be currently enrolled in a junior college, college (undergraduate or graduate), or vocational school
- Submit a completed application and appropriate materials in time for both the mailing deadline, **June 30, 2010**, and for it to be received for evaluation by the committee between **July 11, 2010**, and **August 8, 2010**.

Completed applications must be postmarked no later than **June 30, 2010**. It is the applicant's responsibility to make sure that all applications and transcripts are postmarked by this deadline (we recommend an additional week for mail service delays if the application is coming from outside of the United States).

An application is complete when the application form, essay, completed release form, 2 personal recommendations, 1 health care provider recommendation, and all transcripts have been received by the program administrator. All materials must be postmarked no later than **June 30, 2010**.



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Application Instructions

To complete your application, follow these instructions carefully. If at any time you have questions, please call 1-888-999-2349 between 9 a.m. and 5 p.m. ET.

1. You will need to have the following available to use for your application process:

- 1 Application Form
- 1 Personal Essay Form/Instructions
- 1 Release Form
- 2 Recommendation Forms - personal
- 1 Recommendation Form for Your Health Care Provider
- Transcript Request Forms to send to your high school and colleges

Before you begin filling out the forms, you might want to make copies of each one for your records. We will accept both original and photocopied forms for your scholarship application. Additional applications can be downloaded from www.hemophiliavillage.com.

2. Complete the Application Form first. Use blue or black ink, or type. Please remember to answer all questions. If a section does not apply to you, answer N/A (not applicable). Be sure to list all high schools, trade or vocational schools, and colleges you have attended. Sign and date the application before you mail it.

3. Complete the Release Form. Your name and photo may be used in media and materials promoting the scholarship program, including use on a poster at Pfizer's booth at the NHF Annual Meeting.

4. Complete the Personal Essay Form. The essay is your personal statement and must be written by you. Your signature indicates that you were the one who has written the essay.

5. Recommendations: select 2 people to write recommendations for you, as well as a health care provider. Choose people who know you well. Fill in the top 3 lines of each recommendation form and give one form and provide one pre-addressed envelope to each person writing a recommendation. It is your responsibility to ensure that **all recommendations are postmarked no later than June 30, 2010.**

6. Transcripts: You must complete a Transcript Request Form for every school that you've attended, including high school, trade/vocational school, and colleges. Fill out the Transcript Request Form and send it to the school along with a pre-addressed envelope so that the school may mail your transcripts directly to the administrators of the scholarship. If there are fees involved in processing transcripts, be sure to pay them to ensure timely receipt of information. If you have a GED diploma, please make a copy of it and include the copy with your application.

Scholarships will be awarded based on the decisions of a program selection committee of hemophilia health care providers. Decisions will be final and based solely on the materials submitted by you. Use of Pfizer products will not affect the selection process.



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(To be submitted to review committee)

Education Information

Class Level (as of September 2010): *Freshman* *Sophomore* *Junior* *Senior* *Other*

Major: _____ Minor: _____

Anticipated Degree: _____ In What Year: _____

Name of School: _____

Are you already accepted at this school? _____

Write a summary of your educational and/or professional plans for the next 5 years (between 35 and 75 words).

Write a brief description of how this scholarship will help you achieve your educational objectives (<100 words).

Previous Education Information

	All schools attended (start with high school)	City, State	Dates Enrolled beginning- ending:	Degree Obtained (date)
1				
2				
3				
4				
5				

Return to: Hemophilia Scholarship Program (Embryon), 50 Division Street, Somerville, NJ 08876 by June 30, 2010 along with your personal essay and release form.



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Personal Essay Topic

Please choose and answer one of the following essay questions:

- What was your most significant leadership experience?
- If you had the opportunity to meet with one famous person (living or historical), who would you choose, why, and what questions would you ask that person?

Instructions

- Write an essay that specifically addresses one of the topics listed above
- Use no more than 2 typed, double-spaced pages
- Number each page
- Do not include your name on, or in, the pages of the essay, except at the end
- Type or print your name, sign and date the essay at the end. Your signature indicates you are the author of the essay.

Please return your Personal Essay with your completed application to: **Hemophilia Scholarship Program (Embryon), 50 Division Street, Somerville, NJ 08876 by June 30, 2010.**

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Please Sign Release Form

We would like to be able to promote the accomplishments of the scholarship applicants in both general and hemophilia-related publications, newspapers, television and radio stations, magazines, and online services. Please sign and return this form with your Application.

By submitting a scholarship application I, _____, authorize Pfizer Inc.,
(print name legibly)

its affiliated companies, successors, licensees, assigns, officers, agents, employees, and those acting with their authority ("Pfizer Inc.") to utilize information submitted with this application with regard to any Pfizer sponsored or Pfizer prepared publicity for the *Soozie Courter "Sharing a Brighter Tomorrow" Hemophilia Scholarship Program*. This includes my name, image, photograph, and likeness of me, the city and state in which I live, the school I attend, my extracurricular activities, the amount of the scholarship I received, any statements contained in my essay as well as information about my health, including that I have hemophilia, for purposes of announcing to Pfizer and the public that I have been awarded a Soozie Courter Scholarship. I understand that I will receive no compensation for use of any of the above information.

Name (Please Print): _____

Signature: _____

Date: _____

If the applicant is under age 18, please provide parent or lawful guardian's name and signature.

Parent or Guardian Name (Please Print): _____

Signature: _____

Date: _____



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Recommendation Form - Personal

To be filled out by student (top section only).

Student's Name: _____

Name of Recommender: _____

Signed (student): _____ Date: _____

To Recommender: Kindly provide a recommendation for the individual named above and return to: **Hemophilia Scholarship Program (Embryon), 50 Division Street, Somerville, NJ 08876 by June 30, 2010.** Please discuss the student's unique qualities (you may use the back of this page if necessary). Your recommendation is very important to the student's application.

Signature of Recommender: _____ Date: _____

Address: _____ Telephone: _____

Relationship to Student: _____



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Recommendation Form for the Health Care Provider (Required)

To be filled out by student (top section only).

Student's Name: _____

Name of Recommender: _____

Signed (student): _____ Date: _____

To be completed by the Health Care Provider:

Diagnosis: Deficiency _____ Factor VIII _____ Factor IX

Signature of Health Care Provider: _____ Date: _____

Health Care Facility: _____

Address: _____ Tel: _____

Type of Health Care Provider: _____

To the Health Care Provider: Your input concerning the student's unique challenges and responses to their condition would be very helpful in evaluating him/her for this scholarship. Please use the space below and the back of the page for any comments you would like to make.

Return this form and any additional pages to: **Hemophilia Scholarship Program (Embryon), 50 Division Street, Somerville, NJ 08876 by June 30, 2010.**



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Transcript Request Form

Please send an official copy of my complete transcript to: **Hemophilia Scholarship Program (Embryon), 50 Division Street, Somerville, NJ 08876 by June 30, 2010.**

Thank you for your assistance.

To be filled out by student:

Student's Name: _____

School's Name: _____

Matriculation Date: _____

Signed (student): _____ Date: _____



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