



### SOOZIE COURTER SCHOLARSHIP

## APPLICATION

**DEADLINE:** Applications, including all supporting documentation, must be sent via email no later than Wednesday, May 31, 2023. Only completed applications will be considered.

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

For the 2023-2024 academic year, Pfizer will award:

- One \$5,000 graduate scholarship
- Twelve \$2,500 college scholarships, including vocational schools

To be eligible, you must:

- Have been diagnosed with hemophilia A or hemophilia B;
- Reside in the continental United States;
- Meet one of the following criteria:
  - Be a high school senior in a school in the United States;
  - Have completed high school or an equivalent (eg, general equivalency diploma [GED]); or
  - Be currently accepted to or enrolled in a junior college, college (undergraduate or graduate), or vocational school;
- Submit a completed application and appropriate materials before the application deadline.

**You need not be on a Pfizer product to apply. Treatment regimen will have no bearing on application eligibility nor will it impact the sponsorship selection process, as awardees will be chosen by an independent board of reviewers and this information will not be shared with Pfizer.**

Completed applications must be sent via email no later than Wednesday, May 31, 2023. It is the applicant's responsibility to make sure that all transcripts (copies will not be accepted) are received by this deadline. We recommend you request your transcripts from your school no later than April 30, 2023.

An application is complete when the application form (including education form), personal essay, completed release form, 2 personal recommendations, 1 health care provider form, and all original transcript documents have been sent via email to the program administrator no later than Wednesday, May 31, 2023.

Download your application by clicking <https://www.hemophiliavillage.com/scholarship-program> and, once completed, submit your application to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com).





### SOOZIE COURTER SCHOLARSHIP

**DEADLINE:** Applications, including all supporting documentation, must be sent via email no later than Wednesday, May 31, 2023. Only completed applications will be considered.

To complete your application, follow these instructions carefully. If you have questions, please email [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com).

**1. You will need to have the following available to use during the application process:**

- 1 application form (includes education information)
- 1 personal essay form/instructions
- 1 release form
- 2 personal recommendation forms
- 1 form for your health care provider to complete
- Transcript request forms to send to your high school(s) and/or college(s)

Before you begin filling out the forms, you might want to make copies of each one for your records. You may also download an editable PDF of the application from <https://www.hemophiliavillage.com/scholarship-program>. This PDF can be submitted via email to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com).

- 2. Complete the application form first.** Please remember to answer all of the questions. If a section does not apply to you, answer NA (not applicable). Be sure to list all high schools, trade or vocational schools, and colleges you have attended. Date the application form before emailing it to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com).
- 3. Complete the release form.** Your name, essay, and photo may be used to highlight your inspirational story and academic success in materials promoting the scholarship program.
- 4. Complete the personal essay form.** The essay is your personal statement and you must write it. You may email your essay to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com).
- 5. Submit personal recommendations.** You are required to submit a total of 2 personal recommendations by someone other than a family member or member of your household. It is your responsibility to ensure that all recommendations are sent via email no later than May 31, 2023.
- 6. Health care provider form.** You are required to have your health care provider fill out the form and email it no later than May 31, 2023.





**DEADLINE:** Applications, including all supporting documentation, must be sent via email no later than Wednesday, May 31, 2023. Only completed applications will be considered.

**SOOZIE COURTER SCHOLARSHIP**

**7. Request transcripts.** You must complete a transcript request form from your last school(s) from the past 2 years. If you would like to include more, you may. We recommend that you request transcripts from your school(s) no later than April 30, 2023.

Fill out the transcript request form, send it to the school(s), and follow whatever steps they require. If there are fees involved in processing transcripts, be sure to pay them to ensure timely receipt of information. If you have a GED, 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 you submit.



APPLICATION FORM – PART 1

DEADLINE: Applications, including all supporting documentation, must be sent via email no later than Wednesday, May 31, 2023. Only completed applications will be considered.

SOOZIE COURTER SCHOLARSHIP

Student's name (First, MI, Last): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Do you have  Hemophilia A  Hemophilia B

Which scholarship are you applying for?  Undergraduate  Graduate

Have you previously been awarded the Soozie Courter Scholarship?  Yes  No

Home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Email: \_\_\_\_\_
 I agree to receive all future communications via email.

School where you're currently enrolled: \_\_\_\_\_

School address: \_\_\_\_\_

School telephone number: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_
(By typing your name above, you are confirming all the information in this application is accurate and complete.)





# APPLICATION FORM – PART 2

**DEADLINE:** Applications, including all supporting documentation, must be sent via email no later than Wednesday, May 31, 2023. Only completed applications will be considered.

## SOOZIE COURTER SCHOLARSHIP

**Class level (as of September 2023):**

Freshman  Sophomore  Junior  Senior  Other \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Anticipated degree:** \_\_\_\_\_ **In what year:** \_\_\_\_\_

**Name of school:** \_\_\_\_\_

**Are you already accepted at this school?**  Yes  No

**Describe why you are applying for this scholarship and how it will help you achieve your future educational and professional goals (fewer than 100 words).**

---

---

---

---

---

**How do you define “leadership”? Please include any personal experiences you’ve had in your community or school that demonstrate a leadership role (fewer than 100 words).**

---

---

---

---

---

**Please give at least one example of when you volunteered or helped others (fewer than 100 words).**

---

---

---

---

---



  
**SCHOLARSHIP  
PROGRAM****SOOZIE COURTER SCHOLARSHIP**

All schools attended, including high school, junior college, or college:

| All Schools Attended | City, State | Dates Enrolled |        | Degree(s) Obtained, (Date) |
|----------------------|-------------|----------------|--------|----------------------------|
|                      |             | Beginning      | Ending |                            |
|                      |             |                |        |                            |
|                      |             |                |        |                            |
|                      |             |                |        |                            |
|                      |             |                |        |                            |
|                      |             |                |        |                            |

Email to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com) no later than May 31, 2023, along with all supporting documentation.

**PERSONAL ESSAY**

**DEADLINE:** Applications, including all supporting documentation, must be sent via email no later than Wednesday, May 31, 2023. Only completed applications will be considered.

Please choose and answer one of the following essay questions:

- 1. What advice would you give to young people with hemophilia? How can they become their own best advocate? Describe a time when you advocated for yourself.**
- 2. Tell us about a time when you've gone outside your comfort zone, either for yourself or someone else. What about the experience was most impactful? Why?**
- 3. In your opinion, what is the greatest need in the hemophilia community and what would you do to address it?**

**Instructions:**

- Write an essay that specifically addresses one of the topics listed above.
- Do not submit an essay that was already submitted in a prior year to this scholarship program.
- Use no more than 2 typed, double-spaced pages, with a 10-point font.
- Type the question you have chosen to answer at the beginning of the essay.
- Type or print your name and date the essay at the end. This indicates you are the author of the essay.
- Do not include your name on, or in, the pages of the essay, except at the end.

**Failure to follow all of the above instructions may result in your essay being removed from consideration.**

Please email your personal essay to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com) no later than May 31, 2023.





## RELEASE FORM

**DEADLINE:** Applications, including all supporting documentation, must be sent via email no later than Wednesday, May 31, 2023. Only completed applications will be considered.

### SOOZIE COURTER SCHOLARSHIP

We would like to be able to promote the accomplishments of the scholarship applicants within the hemophilia community. Please sign and return this form with your application.

By submitting a scholarship application I, (print name) \_\_\_\_\_, authorize Pfizer Inc., its affiliated companies, successors, licensees, assignees, 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 Pfizer Soozie Courter 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; and 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 Pfizer Soozie Courter Scholarship. I understand that I will receive no compensation for use of any of the above information.

I agree to receive all future communications via email.

**Name (please print):** \_\_\_\_\_

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Name of parent/guardian (please print):** \_\_\_\_\_

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email completed form to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com).







PERSONAL RECOMMENDATION FORM

DEADLINE: Applications, including all supporting documentation, must be sent via email no later than Wednesday, May 31, 2023. Only completed applications will be considered.

SOOZIE COURTER SCHOLARSHIP

To be completed by student

Student's name: \_\_\_\_\_

Name of recommender: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

To recommender: Kindly provide a recommendation for the individual named above by discussing the student's unique qualities. Your recommendation is very important to the student's application. Please use the space below, or you may provide a separate letter of recommendation.

Multiple horizontal lines for writing a recommendation.

Signature of recommender: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

May not be someone who lives in the same house or is a family member.

Email completed form to pfizerscholarship@rarityhealth.com.





SOOZIE COURTER SCHOLARSHIP

## HEALTH CARE PROVIDER FORM

**DEADLINE:** Applications, including all supporting documentation, must be sent via email no later than Wednesday, May 31, 2023. Only completed applications will be considered.

### To be completed by student

Student's name: \_\_\_\_\_

Name of health care provider: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by health care provider

**Diagnosis:**  Hemophilia A (or carrier)  Hemophilia B (or carrier)

Health care facility: \_\_\_\_\_

Address: \_\_\_\_\_

Type of health care provider: \_\_\_\_\_

Signature of health care provider: \_\_\_\_\_ Date: \_\_\_\_\_

**To health care provider:** If you would like to make a recommendation, please do so on the personal recommendation form.

Email completed form to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com).





**SOOZIE COURTER SCHOLARSHIP**

**TRANSCRIPT REQUEST FORM**

**DEADLINE:** Applications, including all supporting documentation, must be sent via email no later than Wednesday, May 31, 2023. Only completed applications will be considered.

Please email a complete transcript to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com) by Wednesday, May 31, 2023.

Thank you for your assistance.

**To be completed by student**

**School's name:** \_\_\_\_\_

**Matriculation date:** \_\_\_\_\_

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# APPLICANT CHECKLIST

## SOOZIE COURTER SCHOLARSHIP

**DEADLINE:** Applications, including all supporting documentation, must be received through email no later than Wednesday, May 31, 2023. Only completed applications will be considered. Winners will be notified by July 2023.

**APPLICANT'S NAME:** \_\_\_\_\_

| ITEM                                | SENT | NOT SENT |
|-------------------------------------|------|----------|
| Application form (3 pages)          |      |          |
| Release form                        |      |          |
| Personal essay                      |      |          |
| Health care provider form           |      |          |
| <b>Transcript(s), as applicable</b> |      |          |
| High school                         |      |          |
| College                             |      |          |
| Other                               |      |          |
| <b>Letters of recommendation</b>    |      |          |
| #1                                  |      |          |
| #2                                  |      |          |

### Comments

---



---



---

Email your completed scholarship application to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com).

