



APPLICATION

DEADLINE: Applications, including all supporting documentation, must be postmarked or sent via email no later than Friday, June 12, 2020. 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 2020-2021 academic year, Pfizer will award:

- Five \$4,000 graduate scholarships
- Ten \$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 U.S.;
- Meet one of the following:
 - Be a high school senior or graduate student in a school in the U.S.;
 - Have completed high school or an equivalent (e.g., 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.

Completed applications must be postmarked or sent via email no later than **Friday, June 12, 2020**. It is the applicant's responsibility to make sure that all original transcripts (copies will not be accepted) are postmarked by this deadline. We recommend you request your transcripts from your school no later than May 1, 2020.

An application is complete when the application form (including education form), essay, completed release form, two personal recommendations, one healthcare provider recommendation, and all original transcript documents have been postmarked or sent via email to the program administrator no later than Friday, June 12, 2020.

Download your application by clicking: <https://www.hemophiliavillage.com/hemophilia-scholarship-program>.

Submission Options:

OPTION 1:
Email

Pfizerscholarship@Sound-hc.com

OPTION 2:
Mail

Pfizer Scholarship Program
200 Crossing Blvd
7th Floor
Bridgewater, NJ 08807



SOOZIE COURTER SCHOLARSHIP

DEADLINE: Applications, including all supporting documentation, must be postmarked or sent via email no later than Friday, June 12, 2020. Only completed applications will be considered.

To complete your application, follow these instructions carefully. If at any time you have questions, please call 1-833-827-4450 between 9 A.M. and 5 P.M. ET or email Pfizerscholarship@Sound-hc.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 Recommendation Form for Your Healthcare Provider to Complete
- Transcript Request Forms to Send to Your High School and/or Colleges

Before you begin filling out the forms, you might want to make copies of each one for your records. You may also download an executable PDF file of the application from <https://www.hemophiliavillage.com/hemophilia-scholarship-program>. This PDF file can be submitted via email to Pfizerscholarship@Sound-hc.com.

2. **Complete the Application Form first.** If you are planning to send your application via mail, 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. Date the application form before mailing it or emailing it to Pfizerscholarship@Sound-hc.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@Sound-hc.com.

5. **Submit Recommendations.** You are required to submit a total of three recommendations:

- 2 personal recommendations
- 1 recommendation from your healthcare provider

It is your responsibility to ensure that all recommendations are postmarked or sent via email no later than June 12, 2020.

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6. Request Transcripts. You must complete a Transcript Request Form for every school that you've attended, including high school, trade or vocational school, and colleges. We recommend that you request transcripts from your school(s) no later than May 1, 2020. Please provide original transcripts (copies will not be accepted).

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 general equivalency diploma (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 healthcare professionals. Decisions will be final and based solely on the materials you submit.

Submission Options:

OPTION 1:
Email

Pfizerscholarship@Sound-hc.com

OPTION 2:
Mail

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200 Crossing Blvd
7th Floor
Bridgewater, NJ 08807

APPLICATION FORM – PART 1

DEADLINE: Applications, including all supporting documentation, must be postmarked or sent via email no later than Friday, June 12, 2020. Only completed applications will be considered.

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:

Telephone number:

Student Signature

Date

(By signing/typing your name above, you are confirming all the information in this application is accurate and complete.)



SOOZIE COURTER SCHOLARSHIP

APPLICATION FORM – EDUCATION

DEADLINE: Applications, including all supporting documentation, must be postmarked or sent via email no later than Friday, June 12, 2020. Only completed applications will be considered.

Class level

(as of September 2019) Freshman Sophomore Junior Senior Other

Major:

Minor:

Anticipated degree:

In what year:

Name of school:

Are you already accepted at this school? Yes No

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

Write a brief summary describing your experience of having a leadership role in your community or school, or an experience in which you were able to demonstrate your leadership abilities (fewer than 100 words).

Write a brief description of how this scholarship will help you achieve your educational objectives (fewer than 100 words). (Note: Answers that have already been submitted in a prior year to this scholarship program will not be accepted.)

All Schools Attended, Including High School, Junior College, or College

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

Return to: Pfizer Scholarship Program, 200 Crossing Blvd, 7th Floor, Bridgewater, NJ 08807, or email it to Pfizerscholarship@Sound-hc.com no later than June 12, 2020, along with all supporting documentation.

PERSONAL ESSAY

DEADLINE: Applications, including all supporting documentation, must be postmarked or sent via email no later than Friday, June 12, 2020. Only completed applications will be considered.

Please choose and answer one of the following essay questions:

1. **What advice would you give to young hemophilia patients, and how can they become their best advocate? Describe a time that you advocated for yourself.**
2. **As a future leader in the hemophilia community, how would you intend to promote active and healthy lifestyles among other hemophilia patients? Please describe what being and staying active mean to you.**
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 two typed, double-spaced pages, with a 10-point font.
- 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.

Please submit your personal essay, including all supporting documentation, no later than June 12, 2020.

Submission Options:

OPTION 1:
Email

Pfizerscholarship@Sound-hc.com

OPTION 2:
Mail

Pfizer Scholarship Program
200 Crossing Blvd
7th Floor
Bridgewater, NJ 08807

RELEASE FORM

DEADLINE: Applications, including all supporting documentation, must be postmarked or sent via email no later than Friday, June 12, 2020. Only completed applications will be considered.

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, 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 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, 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: _____

Submission Options:

OPTION 1:
Email

Pfizerscholarship@Sound-hc.com

OPTION 2:
Mail

Pfizer Scholarship Program
200 Crossing Blvd
7th Floor
Bridgewater, NJ 08807

HCP RECOMMENDATION FORM

DEADLINE: Applications, including all supporting documentation, must be postmarked or sent via email no later than Friday, June 12, 2020. Only completed applications will be considered.

To Be Completed by Student

Student's Name:

Name of Recommender:

Student Signature:

Date:

To be completed by Healthcare Provider

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

Signature of Healthcare Provider:

Date:

Healthcare Facility:

Address:

Type of Healthcare Provider:

To Healthcare 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 or you may provide a separate letter of recommendation.

Submission Options:

OPTION 1:
Email

Pfizerscholarship@Sound-hc.com

OPTION 2:
Mail

Pfizer Scholarship Program
200 Crossing Blvd
7th Floor
Bridgewater, NJ 08807



TRANSCRIPT REQUEST FORM

DEADLINE: Applications, including all supporting documentation, must be postmarked or sent via email no later than Friday, June 12, 2020. Only completed applications will be considered.

Please send an official copy of my complete transcript to: Pfizer Scholarship Program, 200 Crossing Blvd, 7th Floor, Bridgewater, NJ 08807, by Friday, June 12, 2020.

Thank you for your assistance.

To Be Completed by Student

School's Name:

Matriculation Date:

Student Signature:

Date:

APPLICANT CHECKLIST

DEADLINE: Applications, including all supporting documentation, must be postmarked or received through email no later than Friday, June 12, 2020. Only completed applications will be considered. Winners will be notified by July 2020.

APPLICANT NAME: _____

ITEM	RECEIVED	NOT RECEIVED
Application Form (2 pages)		
Release Form		
Personal Essay		
Transcript(s), as applicable		
High School		
College		
Other		
Letters of Recommendation		
#1		
#2		
#3 Healthcare Provider		
Comments		

Submit your completed scholarship application by one of the following:

OPTION 1:
Email

Pfizerscholarship@Sound-hc.com

OPTION 2:
Mail

Pfizer Scholarship Program
200 Crossing Blvd
7th Floor
Bridgewater, NJ 08807

If you have any questions, please call the **Pfizer Hemophilia Hotline** at 1-833-827-4450, between 9 A.M. and 5 P.M. ET.

Hemophilia US Scholarship Communications Cover Letter

From: Pfizer Contact

Sent: [Date]

To: [Reviewer]

Subject: 2020-2021 Pfizer Soozie Courter Hemophilia Scholarship Program

Dear [First Name],

On behalf of Pfizer Inc, we would like to invite you to participate as a faculty reviewer for the 2020-2021 **Soozie Courter Hemophilia Scholarship Program**.

This academic year, Pfizer is proud to celebrate the 23rd anniversary of this program, which awards scholarships to students with hemophilia A or hemophilia B who reside in the continental U.S. and are attending school in the country. Scholarship winners are selected based on a combination of academic achievement, letters of recommendation, and a personal essay.

Your role as a faculty reviewer would include:

- Reviewing the completed applications (during the **weeks of June 15 and June 22, 2020**). Each application will include academic transcript(s), three letters of recommendation (including one from a healthcare provider), and a personal essay;
- Completing an evaluation form for each applicant reviewed;
- Participating in a conference call with other faculty reviewers (during the **week of June 29, 2020**) to discuss finalists and select scholarship winners; and
- Participating in activities to build awareness of the scholarship program and share highlights from your role as a reviewer.

The **Soozie Courter Hemophilia Scholarship Program** is open to high school seniors, students who have completed high school or an equivalent program (e.g., general equivalency diploma [GED]), and students enrolled in an accredited college or university at the undergraduate or graduate level. We typically receive between 40-60 completed applications and have found that the review process usually requires about 16 hours of each reviewer's time.

This program is part of Pfizer's ongoing commitment to support patients, parents, and advocates in the hemophilia community. For two decades, Pfizer has been a sponsor of this scholarship program, and this year will be awarding \$45,000 in scholarships and funding, distributed as follows:

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

For your participation as a faculty reviewer of the scholarships, Pfizer will provide an honorarium consistent with fair market value as set forth in an executed consultancy letter of agreement with Pfizer (honorarium to be sent upon confirmation of your participation in the program).

Please note that Sound Healthcare Communications is managing the scholarship program for Pfizer. Please feel free to contact the company at 1-833-827-4450 with any questions.

We look forward to working with you on this valuable and exciting program.

Sincerely,

Pfizer Contact

Hemophilia US Scholarship Application Under Review

From: Pfizerscholarship@Sound-hc.com

Sent: [Date]

To: [Applicants]

Subject: 2020-2021 Pfizer Soozie Courter Hemophilia Scholarship Program

Dear [First Name],

Thank you for completing the **2020-2021 Pfizer Soozie Courter Hemophilia Scholarship** application process. Your completed application will now be reviewed by a committee of healthcare professionals. You will be notified once the committee has selected the recipients of this year's scholarships.

Please note, you may hear from Sound Healthcare Communications, who is assisting in the management of the scholarship program for Pfizer.

Thank you for your interest in the scholarship program, and we wish you the best of luck.

Sincerely,

Pfizer Contact

[DATE]

<<First>> <<Last>>
<<Address>>
<<City>>, <<State>> <<Zip>>
<<Country>>

Dear [First Name],

Congratulations! You have been selected as a scholarship recipient for the **2020-2021 Pfizer Soozie Courter Hemophilia Scholarship Program**. Please note that your scholarship check will be sent to you separately.

We wish you the best of luck as you continue to work toward your educational goals. We will be contacting you in the next few weeks to talk about sharing your story to inspire others in the hemophilia community. In the meantime, would you please share the following with us?

- Your photo**
- A brief biography or resume**

If possible, please send this information for us to review before we contact you. Also, we understand that you will soon be getting ready for school, so please let us know if there is a preferred way to contact you during this time.

Please provide your photo and bio by one of the following:

OPTION 1:
Email Pfizerscholarship@Sound-hc.com

OPTION 2:
Mail
Pfizer Scholarship Program
200 Crossing Blvd
7th Floor
Bridgewater, NJ 08807

Please retain this letter as verification that the scholarship you have received is an academic scholarship and not subject to U.S. Federal taxation.

To learn more about Pfizer's commitment to the community and to receive information from us about hemophilia educational programs and product updates, be sure to visit <https://www.hemophiliavillage.com/hemophilia-scholarship-program>.

Congratulations again on your success!

Sincerely,

Pfizer Contact



SCHOLARSHIP PROGRAM

Candidate Evaluation Form (Faculty Reviewers)

Applicant Number _____
 Scholarship Category _____
 Educational Plan (2020) _____
 Class Level (2020) _____

The following is to be used **only** as a guide when assessing an applicant. Your judgment will determine the final ranking of your candidates.

	Ranking basis	Total points awarded
Academic Achievement	(Total 8)	
Overall academic performance		_____
Essay	(Total 11)	
Relevance to question	1-3	_____
Theme/enthusiasm/ideas	1-5	_____
Effort (essay construction)	1-3	_____
References	(Total 11)	
Reference 1	1-3	_____
Reference 2	1-3	_____
Reference - Healthcare provider	1-5	_____

Additional Comments

Reviewer Notes

Recommendation

Hemophilia US Scholarship Deadline Approaching

From: Pfizerscholarship@Sound-hc.com

Sent: [Date]

To: [Applicants]

Subject: Deadline Approaching: 2020-2021 Pfizer Soozie Courter Hemophilia Scholarship Program

Dear [First Name],

The submission deadline is approaching for the **2020-2021 Pfizer Soozie Courter Hemophilia Scholarship Program**.

We have received part of your application and wanted to remind you that the deadline to complete the submission is quickly approaching. Please find attached to this email a checklist indicating the materials we have received and those that are still outstanding.

To make the process easier, all application materials can be downloaded from www.hemophiliavillage.com/hemophilia-scholarship-program (located on the Hemophilia Village website in *Support* under *Scholarship Assistance*). The application and all supporting documents must be postmarked or received through email by the program administrator no later than **Friday, June 12, 2020**.

Submit your completed scholarship application by one of the following:

OPTION 1:
Email

Pfizerscholarship@Sound-hc.com

OPTION 2:
Mail

Pfizer Scholarship Program
200 Crossing Blvd
7th Floor
Bridgewater, NJ 08807

Please note, you may hear from Sound, who is assisting in the management of the scholarship program for Pfizer. Winners will be notified by July 2020.

Thank you for your interest in the scholarship program, and we wish you the best of luck.

Sincerely,

Pfizer Contact

Hemophilia US Scholarship Deadline Past

From: Pfizerscholarship@Sound-hc.com

Sent: [Date]

To: [Applicants]

Subject: 2020-2021 Pfizer Soozie Courter Hemophilia Scholarship Program

Dear [First Name],

We regret to inform you that your application for the **2020-2021 Pfizer Soozie Courter Hemophilia Scholarship Program** was not completed at the time of the application deadline, and you will not be eligible for the scholarship this year. Please check back on <http://www.hemophiliavillage.com/hemophilia-scholarship-program> in January 2021 for information on next year's scholarship program.

Thank you for your interest in the scholarship program, and we wish you the best of luck in your academic pursuits.

Sincerely,

Pfizer Contact

From: Pfizerscholarship@Sound-hc.com

Sent: [Date]

To: [Previously-Submitted Applicants]

Subject: 2020-2021 Pfizer Soozie Courter Hemophilia Scholarship Program Now Available

Dear [First Name],

The application period for the **2020-2021 Pfizer Soozie Courter Hemophilia Scholarship Program** is now open!

This academic year, Pfizer is proud to celebrate the 23rd anniversary of this scholarship program, which is part of Pfizer's ongoing commitment to support the hemophilia community and provide care for people diagnosed with hemophilia. The Pfizer Soozie Courter Hemophilia Scholarship Program offers to help students with hemophilia pursue their academic and professional goals by paying some of the costs associated with obtaining a higher education.

Who is eligible?

- Students diagnosed with hemophilia A or B who reside in the continental U.S. and are attending school in the country.
- High school seniors, students who have completed high school or an equivalent program (e.g., general equivalency diploma [GED]), and students enrolled in an accredited college or university at the undergraduate or graduate level.

Scholarship winners are selected based on a combination of academic achievement, letters of recommendation, and a personal essay. The application and instructions are available for download from the Hemophilia Village at www.hemophiliavillage.com/hemophilia-scholarship-program or by calling our hotline at 1-833-827-4450 between 9 A.M. and 5 P.M. ET.

Submit your completed scholarship application by one of the following:

OPTION 1:
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OPTION 2:
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7th Floor
Bridgewater, NJ 08807

The application must be postmarked or received through email to the program administrator no later than **Friday, June 12, 2020**. Winners will be notified by June 2020.

Helpful tips and information:

- The full application process has multiple parts, so please plan appropriately.
- We recommend that you request your transcripts from your school no later than May 1, 2020.
- As part of the application process, you'll be asked to sign a release form that will allow Pfizer to promote the accomplishments of the scholarship winners. This means that if you are awarded a scholarship, you may have the opportunity to share your story and inspire others within the hemophilia community. To see stories of past winners, visit www.facebook.com/ourhemophiliacommunity on Facebook.
- You may also hear from Sound Healthcare Communications, who is assisting in the management of the scholarship program for Pfizer.

PP-HEM-USA-1135-09



Hemophilia US Scholarship Individual Application Announcement
Draft: 11.13.2018

Thank you for your interest in the scholarship program, and we wish you the best of luck.

Sincerely,

Pfizer Contact

Hemophilia US Scholarship Not Awarded

From: Pfizerscholarship@Sound-hc.com

Sent: [Date]

To: [Applicants]

Subject: 2020-2021 Pfizer Soozie Courter Hemophilia Scholarship Program

Dear [First Name],

Thank you for participating in the **2020-2021 Pfizer Soozie Courter Hemophilia Scholarship Program** application process.

We regret to inform you that you have not been selected for this year's scholarship program. The decision was very difficult due to the large number of qualified students who submitted applications. We encourage you to check the www.hemophiliavillage.com/hemophilia-scholarship-program website in January 2021 for scholarship application information for the 2021-2022 academic year.

To receive information from Pfizer about hemophilia educational programs and product updates, please visit www.hemophiliavillage.com.

We wish you the best of luck in the upcoming school year.

Sincerely,

Pfizer Contact



[DATE]

[NAME]
[ADDRESS]

Dear [NAME],

Thank you for agreeing to serve as a faculty reviewer for the 2020-2021 **Soozie Courter Hemophilia Scholarship Program**, sponsored by Pfizer Inc.

This academic year, Pfizer is proud to celebrate the 23rd anniversary of this program, which awards scholarships to students with hemophilia A or hemophilia B who present the best combination of academic achievement, letters of recommendation, and a personal essay.

Enclosed are [INSERT NUMBER] completed applications ([INSERT NUMBER] graduate students and [INSERT NUMBER] undergraduates). The students' names have been omitted from the applications, and applicant numbers have been assigned. Each application includes a personal essay, academic transcript(s), personal recommendations, and a recommendation from a healthcare provider.

Each application will be reviewed by at least two faculty members. During a teleconference on [INSERT DATE], we will discuss each faculty reviewer's recommendations, and the scholarship recipients will be selected. Evaluation forms have been stapled to the front of each application to assist you in differentiating the applicants. Please select five graduate applicants and 10 undergraduate applicants whom you recommend for a scholarship for discussion during the teleconference. I will contact you through email to determine your availability for this teleconference.

Please note that Sound Healthcare Communications is managing the scholarship program for Pfizer.

Please feel free to contact me at 1-833-827-4450 or via email at Pfizerscholarship@Sound-hc.com, with any questions. Thank you again for your participation in this wonderful program.

Sincerely,

[Insert Company Name] Team Member