



SOOZIE COURTER SCHOLARSHIP

APPLICATION

DEADLINE: Applications, including all supporting documentation, must be sent via email no later than Friday, May 31, 2024. 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 2024-2025 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 Friday, May 31, 2024. 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, 2024.

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 Friday, May 31, 2024.

Download your application by clicking togetherforrare.com/scholarships and, once completed, submit your application to pfizerscholarship@rarityhealth.com.





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To complete your application, follow these instructions carefully. If you have questions, please email 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 togetherforrare.com/scholarships. This PDF can be submitted via email to 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.
- 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.
- 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, 2024.
- 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, 2024.




**SCHOLARSHIP
PROGRAM**

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7. Request transcripts. You must complete a transcript request form from your last school(s) from the past 2 academic 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, 2024.

To request your transcript(s), 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 independent third-party members. Decisions will be final and based solely on the materials you submit.



APPLICATION FORM – PART 1

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Student's name (First, MI, Last): _____ **Date of birth:** _____

Do you have Hemophilia A Hemophilia B

Which scholarship are you applying for? Undergraduate Graduate Trade/Vocational School Junior College

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

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Class level (as of September 2024):

Freshman Sophomore Junior Senior Other _____

Major: _____ **Minor:** _____

Anticipated degree: _____ **Month/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**

Please list 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 no later than May 31, 2024, along with all supporting documentation.

PERSONAL ESSAY

DEADLINE: Applications, including all supporting documentation, must be sent via email no later than Friday, May 31, 2024. 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 no later than May 31, 2024.



RELEASE FORM

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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.





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PERSONAL RECOMMENDATION FORM

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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 the recommendation.

Signature of recommender: _____ Date: _____

Address: _____

Telephone number: _____

Relationship to student: _____

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

Email completed form to pfizerscholarship@rarityhealth.com.





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HEALTH CARE PROVIDER FORM

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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.





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TRANSCRIPT REQUEST FORM

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Please email a complete transcript to pfizerscholarship@rarityhealth.com by Friday, May 31, 2024.
Thank you for your assistance.

To be completed by student

Student's name: _____

School's name: _____

Matriculation date: _____

Student's signature: _____ **Date:** _____



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APPLICANT'S NAME: _____

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

Comments:

Email your completed scholarship application to pfizerscholarship@rarityhealth.com.