



## APPLICATION

**DEADLINE:** Applications, including all supporting documentation, must be sent via email no later than Friday, May 30, 2025. Only completed applications will be considered.

### SICKLE CELL SCHOLARSHIP

Thank you for your interest in the Pfizer Sickle Cell Scholarship Program. Scholarships will be awarded to applicants with sickle cell who present the best combination of a creative and persuasive essay, excellent recommendations, and superior academic standing.

For the 2025-2026 academic year, Pfizer will award:

- Four \$5,000 graduate scholarships
- Twenty-two \$2,500 college scholarships, including vocational schools

To be eligible, you must:

- Have been diagnosed with sickle cell disease (trait does not apply);
  - Individuals with sickle cell who have received a transplant or gene therapy are eligible to apply
- Reside only 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 scholarship 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 30, 2025. It is the applicant's responsibility to make sure that all transcripts (copies will not be accepted) are received by this deadline. It is recommended that you request your transcripts from your school no later than April 30, 2025.

An application is complete when the application form (including education form), personal essay, completed release form, 2 personal recommendations, and all original transcript documents have been sent via email to the program administrator no later than Friday, May 30, 2025.

Download your application by clicking [togetherforrare.com/scholarships](https://togetherforrare.com/scholarships) and, once completed, submit your application to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com).





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### SICKLE CELL SCHOLARSHIP

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
- 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 [www.togetherforrare.com/scholarships](http://www.togetherforrare.com/scholarships). This PDF can be submitted via email to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com). **Please include the words "Sickle Cell Scholarship" in the subject of all emails sent.**

- 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 Friday, May 30, 2025.



  
**SCHOLARSHIP  
PROGRAM**

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**SICKLE CELL SCHOLARSHIP**

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**6. 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, 2025.

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

**DEADLINE:** Applications, including all supporting documentation, must be sent via email no later than Friday, May 30, 2025. Only completed applications will be considered.

## SICKLE CELL SCHOLARSHIP

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

I attest that I have been diagnosed with sickle cell disease.

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

**Have you previously been awarded Pfizer's Sickle Cell 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 Friday, May 30, 2025. Only completed applications will be considered.

## SICKLE CELL SCHOLARSHIP

**Class level (as of September 2025):**

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).**

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**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).**

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

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**SCHOLARSHIP PROGRAM**

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**SICKLE CELL 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](mailto:pfizerscholarship@rarityhealth.com) no later than Friday, May 30, 2025, along with all supporting documentation.

**DEADLINE:** Applications, including all supporting documentation, must be sent via email no later than Friday, May 30, 2025. 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 sickle cell? 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 sickle cell community and what would you do to address it?

**Instructions:**

- Write an essay that specifically addresses one of the topics listed above.
- 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 Friday, May 30, 2025.



## RELEASE FORM

**DEADLINE:** Applications, including all supporting documentation, must be sent via email no later than Friday, May 30, 2025. Only completed applications will be considered.

### SICKLE CELL SCHOLARSHIP

We would like to be able to promote the accomplishments of the scholarship applicants within the sickle cell 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 Sickle Cell 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 sickle cell, for purposes of announcing to Pfizer and the public that I have been awarded a Pfizer Sickle Cell 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).









SICKLE CELL SCHOLARSHIP

**TRANSCRIPT REQUEST FORM**

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Please email a complete transcript to [pfizerscholarship@rarityhealth.com](mailto:pfizerscholarship@rarityhealth.com) by Friday, May 30, 2025. Thank you for your assistance.

**To be completed by student**

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

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

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

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



**SICKLE CELL SCHOLARSHIP**

**DEADLINE:** Applications, including all supporting documentation, must be received through email no later than Friday, May 30, 2025. Only completed applications will be considered. Winners will be notified in July 2025.

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

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

**Comments**

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