



SCHOLARSHIP PROGRAM

SOOZIE COURTER SCHOLARSHIP

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 2013-2014 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 hemophilia B, be a US resident attending a school in the US and meet one of the following educational criteria:
 - Be a high school senior or graduate, or
 - 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 in time for the mailing deadline **May 24, 2013**.

Completed applications must be postmarked or sent via e-mail no later than **May 24, 2013**. 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 April 26, 2013**. In addition, we also recommend an additional week for mail service delays if the application is coming from outside the United States.

An application is complete when the application form (including education form), essay, completed release form, 2 personal recommendations, 1 health care provider recommendation, and all original transcript documents have been postmarked or sent via e-mail to the program administrator no later than May 24, 2013.

Download your application by clicking: [Pfizer Soozie Courter Scholarship](#)

Application Submission Options	
E-mail	pfizerscholarship@qdhealthcare.com
Mail	Hemophilia Scholarship Program (QD Healthcare Group) One Dock Street, Suite 520 Stamford, CT 06902



DEADLINE: Applications, including all supporting documentation, must be postmarked or sent via e-mail no later than May 24, 2013.

Application Instructions

To complete your application, follow these instructions carefully. If at any time you have questions, please call 888-999-2349 between 9 AM and 5 PM ET or e-mail your questions to pfizerscholarship@qdhealthcare.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 Health Care Provider to Complete
- Transcript Request Forms to Send to Your High Schools and 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 www.hemophiliavillage.com. This PDF file can be submitted via e-mail to: pfizerscholarship@qdhealthcare.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 you mail it or e-mail it to pfizerscholarship@qdhealthcare.com.

3. Complete the Release Form. Your name and photo may be used to highlight your inspirational story and academic success in media and materials promoting the scholarship program.

4. Complete the Personal Essay Form. The essay is your personal statement and you must write it. You may e-mail your essay to pfizerscholarship@qdhealthcare.com.

5. Submit Recommendations. You will be required to submit a total of 3 recommendations:

- 2 personal recommendations
- 1 recommendation from your health care provider

It is your responsibility to ensure that **all recommendations are postmarked or sent via e-mail no later than May 24, 2013.**

6. Request Transcripts. You must complete a Transcript Request Form for every school that you've attended, including high school, trade/vocational school, and colleges. **We recommend that you request transcripts from your school(s) by no later than April 26, 2013. Please**



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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 health care providers. Decisions will be final and based solely on the materials you submit. Use of Pfizer products will not affect the selection process.

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Education Information (Page 2 of the Application)

Class Level (as of September 2013): *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 5 years (between 35 and 75 words).

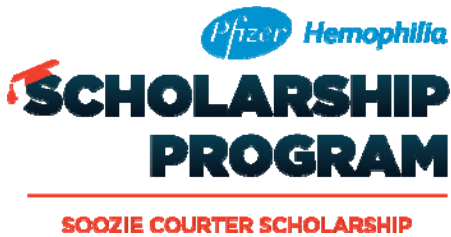
Write a brief description of how this scholarship will help you achieve your educational objectives (less than 100 words).

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 (QD Healthcare Group), One Dock Street, Suite 520, Stamford, CT 06902 or e-mail it to pfizerscholarship@qdhealthcare.com no later than May 24, 2013, along with all supporting documentation.





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Personal Essay Topic

Please choose and answer one of the following essay questions:

- How has hemophilia affected your school life and how have you overcome these challenges?
- If you could give advice to a child with hemophilia who is beginning school, what would it be?
- Describe your involvement/support in the hemophilia community and what lessons you have learned?

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.
- Do not include your name on, or in, the pages of the essay, except at the end.
- Type or print your name and date the essay at the end. This indicates you are the author of the essay.

Please submit your Personal Essay, **including all supporting documentation, no later than May 24, 2013.**

Personal Essay Submission Options	
E-mail	pfizerscholarship@qdhealthcare.com
Mail	Hemophilia Scholarship Program (QD Healthcare Group) One Dock Street, Suite 520 Stamford, CT 06902



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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 (print name legibly)

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 e-mail.

Name (please print): _____

Signature (required): _____

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 (required): _____

Date: _____

Table with 2 columns: Method (E-mail, Mail) and Contact Information (Email address, Address).



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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 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.

Signature of Recommender: _____ Date: _____

Address: _____ Telephone: _____

Relationship to Student: _____

Recommendation Submission Options	
E-mail	pfizerscholarship@qdhealthcare.com
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Recommendation Form – 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: _____

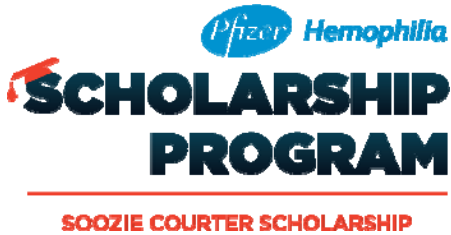
Health Care Facility: _____

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 or you may provide a separate letter of recommendation.

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Transcript Request Form

Please send an official copy of my complete transcript to: **Hemophilia Scholarship Program (QD Healthcare Group), One Dock Street, Suite 520, Stamford, CT 06902, by May 24, 2013.**

Thank you for your assistance.

To be filled out by student:

Student's Name: _____

School's Name: _____

Matriculation Date: _____

Signed (student): _____ Date: _____