

# Cooley's Anemia Foundation/ApoPharma Distinguished Scholar Award

## About the Award

The Cooley's Anemia Foundation/ApoPharma Distinguished Scholar Award was announced to commemorate the 60th Anniversary of the Cooley's Anemia Foundation's incorporation as a 501(c)3 organization. In offering this opportunity, ApoPharma's vision was to support people with thalassemia in such a way as to facilitate their achieving the highest educational training in biomedical sciences including medicine, pharmacy, nursing and basic sciences.

This merit based award recognizes the academic accomplishments of the community while encouraging the scholarship and commitment to a career in the biosciences. The award is available to people with a clinically significant form of thalassemia who are citizens of the United States and enrolled a doctoral degree in biomedical sciences including medicine, pharmacy, nursing and basic sciences.

## ELIGIBILITY

1. You must be a U.S. citizen and present certification from a physician that you have a clinically significant form of thalassemia.
2. You must be enrolled in an accredited American school on a full-time basis (12 units or more). This grant does not apply to summer enrollment or to correspondence schools.
3. You must be enrolled in a doctoral degree program in biomedical sciences including medicine, pharmacy, nursing and basic sciences.

## EVALUATION PROCEDURES

Applications are evaluated primarily on the basis of academic achievement. In addition, the review panel will consider your narrative statement, letters of recommendation and corresponding reference evaluation forms from each reference, as well as the ranking of the institution and program where you are enrolled.

## GRANT CYCLE

September 30 of each year is the deadline for receipt of a completed application. Scholarships will be awarded by December 31 of the current year. Recipients are asked, but not required, to come to the following CAF patient conference to receive recognition for the award.

As a merit based award, funding is not guaranteed. A maximum of two awards may be given to an applicant contingent on reapplying and de novo review. Awards may be awarded twice to an applicant in consecutive or non consecutive years.

## HOW TO APPLY

Complete the attached application, submit your narrative statement and mail it with all required official school transcripts. Please ensure that your Health Care Provider submits an original letter confirming your thalassemia diagnosis to the address below. In addition, two (2) letters of reference and the Reference Evaluation Form must be mailed separately to the address below. All materials must be on file at the Cooley's Anemia Foundation by the September 30th deadline. Incomplete applications will not be processed.

Please Note that each reference must submit both a letter of reference and a completed Reference Evaluation Form.

Completed applications should be sent via email (preferred) or postal mail to:

Scholarship Committee  
Cooley's Anemia Foundation  
330 Seventh Avenue, Suite 200  
New York, NY 10001  
info@thalassemia.org      212-279-8090

Cooley's Anemia Foundation/ApoPharma Distinguished Scholar  
APPLICATION FORM

**I. PERSONAL INFORMATION**

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ \_\_\_\_\_  
First Middle Last

Current Mailing Address \_\_\_\_\_  
Street City State Zip

Tel: \_\_\_\_\_ E-mail \_\_\_\_\_

**II. EDUCATIONAL INFORMATION**

I will be a 1st \_\_\_ 2nd \_\_\_ 3rd \_\_\_ 4th \_\_\_ year medical student or doctoral student at

\_\_\_\_\_ focused on \_\_\_\_\_,  
(school) (program,

beginning (month/year) \_\_\_\_\_. If you are beginning your first year of medical school, please provide a copy of your letter of acceptance from the school and provide your academic record from your undergraduate studies.

List scholastic honors received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. REFERENCES**

Using the attached Reference Evaluation Forms, please submit two Letters of Reference from among the following 1) a teacher of a class completed within the past two years; 2) a person in a related field; 3) a person outside of academia. The Letters of Reference must follow the format outlined on the attached Reference Evaluation Form and received by the Cooley's Anemia Foundation no later than September 30. Letters of Reference must be submitted with the Reference Evaluation Form and can be on a separate sheet or letterhead.

**PLEASE NOTE THAT EACH REFERENCE MUST SUBMIT BOTH A LETTER OF REFERENCE AND A REFERENCE EVALUATION FORM.**

#### **IV. NARRATIVE STATEMENT**

Write a narrative statement between 750-1000 words indicating the reason(s) you wish to be considered for this scholarship. Include information about yourself that you feel would be meaningful for the Scholarship Committee's evaluation, such as community service, work experience, hobbies, special interests, aptitudes and/or life events. Also include your future plans. You may attach a separate sheet.

#### **V. AUTHORIZATION & CERTIFICATION**

I certify that all of the information submitted with my application is true and complete to the best of my knowledge. If asked by an authorized official of the Cooley's Anemia Foundation, I agree to provide proof of the information I have given. I understand that the inclusion of any false or misleading information will result in the rejection of my application or the return of any support I do receive.

Permission is hereby given to school, federal, state and/or county officials to release to the Cooley's Anemia Foundation any information concerning my financial aid and academic circumstances necessary to my application. I also agree to permit the Cooley's Anemia Foundation to share the information I have provided with any of the references I have listed.

I understand that in order for my application to be considered, my application, narrative statement, references and official transcripts must be received by the Cooley's Anemia Foundation no later than September 30.

Furthermore, I have read the application instructions, and I am aware that an incomplete application will not be processed.

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Student's Signature

Date

**REFERENCE EVALUATION FORM**

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Return Completed Form to:

**SCHOLARSHIP COMMITTEE**

Cooley's Anemia Foundation 330 Seventh Avenue, Suite 200 New York, NY 10001

Name of Applicant:

The student whose name appears above is seeking the Cooley's Anemia Foundation/ApoPharma Distinguished Scholar Award. To assist the Scholarship Committee in its evaluation of this applicant, please complete all parts of the form and return it to the Cooley's Anemia Foundation at the above address on or before September 30. A separate letter of reference must be attached.

Please note that incomplete applications will not be considered; therefore, your prompt response is vital.

Please check the boxes which best describe the applicant.

	POOR	FAIR	GOOD	SUPERIOR	UNABLE TO JUDGE
Academic performance					
Academic potential					
Intellectual ability					
Emotional maturity/stability					
Leadership qualities					
Extracurricular activities					
Integrity					
Empathy					
Motivation					
Financial need					

What is your relationship to the applicant?

\_\_\_ Instructor

\_\_\_ Person in a health-related field

\_\_\_ Person outside health care

~Continued on Reverse~

