

## Cooley's Anemia Foundation 2025-2026 Patient Incentive Program

The Cooley's Anemia Foundation sponsors incentive awards for thalassemia patients to further their education and career goals. These awards will be given in March 2026. The purpose of these Incentive Awards is to inspire patients to further their education and career goals and to help them *live positively with thalassemia*.

### Requirements:

- ◆ Applicant must be diagnosed with one of the following forms of thalassemia: thalassemia major, thalassemia intermedia,  $\beta$  thalassemia, hemoglobin H disease, or hemoglobin H constant spring.
- ◆ Applicant must be registered with the Cooley's Anemia Foundation. If you are unsure if you are registered, please contact CAF at [escott@thalassemia.org](mailto:escott@thalassemia.org).
- ◆ Applicant must be a permanent resident of the United States.
- ◆ Applicant must submit an **official bursar receipt** and a copy of a class registration for the fall, 2025 and/or spring, 2026. ***This must include all classes applicant is currently enrolled in as well as the cost for the semester.***
- ◆ Applicant must submit a copy of the course requirements necessary for the certificate or degree sought as outlined by the institution.
- ◆ **Applicant must submit a double-spaced, typed, 250-word essay explaining his/her goals. Include a brief description of applicant, information on the educational program or degree sought and future goals after completing the degree or program. If applicant has applied previously, they cannot use the same essay as submitted in previous years; a new essay must be submitted.**

Some suggested topic guidelines for the essay are listed below. Applicants are **NOT** required to use these topics; they are provided merely as a guide:

What is your major and why did you select it? What do you plan to do with this education after graduation? Have you interned in this field? If yes, tell us about your interning experience.

What do you feel is important for doctors and researchers to focus on in caring for/treating thalassemia patients? How has thalassemia impacted your life? What messages do you want the public/laymen to know about your experience? How/what would you do to get that message out?

Do you volunteer for a cause/organization? What interests you about this cause? What do you do for the cause/organization? How has your volunteerism changed your views, goals and ideas? How do you feel you can improve the organization?

The complete application (including essay and requested support material) must be received by the Cooley's Anemia Foundation by February 6, 2026. **NO EXTENSIONS WILL BE GRANTED.** Award recipients will be notified and disbursed in March 2025.

**Please note:** It is the goal of The Cooley's Anemia Foundation to fund all complete, eligible applications received by February 6, 2026. However, in the event that the number of applicants exceeds the amount of funding available for these Incentive Awards, the Foundation reserves the right to make adjustments as necessary in the number of awards given and/or the level of funding for each successful applicant.

**The incentive awards will be given out as follows:**

- ◆ \$2,000 will be awarded to students enrolled in Doctorate programs. Patients may receive two postgraduate level awards over the course of their studies.
- ◆ \$1,500 will be awarded to students enrolled in Master degree programs. Patients may receive two graduate level awards over the course of their studies.
- ◆ \$1,000 will be awarded to students entering or continuing full time studies towards a Baccalaureate degree. Patients may receive four undergraduate level awards over the course of their studies.
- ◆ \$750 will be awarded to students entering or continuing full time studies towards an Associate degree. These are limited to two per applicant over the course of his/her pursuit of an Associates degree.
- ◆ \$500 will be awarded to students enrolled in certificate programs lasting for one year or longer. These awards are limited to two per applicant.
- ◆ \$250 will be awarded to students enrolling in six-month certificate programs or vocational training programs. These awards are limited to two per applicant.

***Please note: the amount of your award cannot exceed the cost of your tuition or any full scholarships you may have received.***

**For more information, email [escott@thalassemia.org](mailto:escott@thalassemia.org).**

CAF is grateful to the following for providing support for our Patient Incentive Award Program

The Alliance Pharmacy  
Vertex Foundation  
Brian and Deanna Williams  
Wireless Zone Gives

**\* Incomplete applications or those that do not follow the required guidelines will not be considered.**

## APPLICATION CHECKLIST

Your application must contain each of the following and be received by CAF by February 6, 2026 in order to be considered:

- Application form
- Consent form for photos and personal information
- Official Bursar receipt for current registration period
- Copy of a class registration for the fall, 2025 and/or spring, 2026.  
This must include all classes applicant is currently enrolled in as well as the cost for the semester.
- Copy of the course requirements necessary for the certificate or degree sought as outlined by the institution.
- **Double-spaced, typed, 250-word essay explaining your goals**

Return to [escott@thalassemia.org](mailto:escott@thalassemia.org) or mail to Cooley's Anemia Foundation, Patient Incentive Awards, 330 Seventh Ave #200, New York, NY 10001. Completed applications must be received by February 6, 2026.

**PLEASE NOTE: NO EXTENSIONS WILL BE GRANTED. INCOMPLETE APPLICATIONS OR APPLICATIONS RECEIVED AFTER FEBRUARY 6, 2026 WILL NOT BE CONSIDERED.**

**COOLEY'S ANEMIA FOUNDATION PATIENT  
2025-2026 INCENTIVE AWARD APPLICATION**

*Please print or type the information. Return to [escott@thalassemia.org](mailto:escott@thalassemia.org) or fax to (212) 279-5999 or mail to Cooley's Anemia Foundation, Patient Incentive Awards, 330 Seventh Ave #200, New York, NY 10001. Completed application packages must be received by February 6, 2026.*

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please indicate thalassemia diagnosis:** \_\_\_\_\_

**Are you a resident of the United States?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Type of program or degree sought (please check one):**

\_\_\_\_\_ **6 month certificate or vocational-training program**

\_\_\_\_\_ **1 year or more certificate program**

\_\_\_\_\_ **Associate Degree**

\_\_\_\_\_ **Bachelors Degree**

\_\_\_\_\_ **Masters Degree**

\_\_\_\_\_ **Doctorate Degree**

**Name of Certificate Program or Area of Concentration (Major):**

\_\_\_\_\_

**Name of College, University or School offering program:**

\_\_\_\_\_

**School Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## CONSENT FORM FOR PERSONAL INFORMATION

**This form must be completed, signed and returned with your application.  
Applications returned without this form will be considered incomplete.**

- ☐ **I consent to allowing the Cooley's Anemia Foundation, Inc. use of my name, photo and other personal information for the following purposes:**  
(please check)

\_\_\_\_\_ LIFELINE newsletter and other Cooley's Anemia Foundation printed material as well as our website

It is my understanding that any information that I provide to the Cooley's Anemia Foundation may appear in advertising, publicity, films/video or other promotional materials for either public relations, public information or fundraising purposes benefiting the Cooley's Anemia Foundation. I further agree that I do not expect to receive compensation for the use of any such information.

I am providing the following information. *(Please complete and sign the lower portion of this form.)*

- ☐ **I do NOT consent to the use of my name, photo or other personal information for any of the purposes listed above.** *(Applicants still must complete and sign the lower portion of this form.)*

\_\_\_\_\_  
Name of applicant (please print)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian (if applicant is under 21)