

PARTNERS IN PHARMACY SCHOLARSHIP APPLICATION

APPLICATION FORM (also found at www.ncpanet.org): TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

NAME OF STUDENT: _____

PRESENT ADDRESS: _____

E-MAIL _____ TELEPHONE NUMBER: () _____

PERMANENT ADDRESS: _____

_____ TELEPHONE NUMBER: () _____

NCPA STUDENT MEMBERSHIP NUMBER: _____ EXPIRATION: _____

HOW LONG HAVE YOU BEEN A MEMBER? _____

HAVE YOU RECEIVED ANY OTHER SCHOLARSHIPS? _____

(IF YES, PLEASE LIST ALL SCHOLARSHIPS ON A SEPARATE SHEET OF PAPER WITH AWARD YEAR INDICATED)

WHICH ACCREDITED U.S. SCHOOL/COLLEGE OF PHARMACY DO YOU ATTEND?

NAME: _____

EXPECTED DATE OF GRADUATION: _____ GPA: _____

DEAN'S NAME: _____

THIS FORM MUST BE COMPLETED AND ACCOMPANIED BY THE FOLLOWING:

- COPY OF THE MOST RECENT OFFICIAL ACADEMIC TRANSCRIPT
- LETTER FROM SCHOOL OFFICIAL
- LETTER FROM PHARMACY OWNER OR MANAGER (preferably an NCPA member)
- LETTER FROM STUDENT TO PIP SCHOLARSHIP AWARDS COMMITTEE
- APPLICANT'S RÉSUMÉ or CV
- ADDITIONAL REQUIRED SUPPORTING DOCUMENTS

ALL MATERIALS MUST BE POSTMARKED BY: *March 15, 2008*

Mail your application to:

**PARTNERS IN PHARMACY SCHOLARSHIP
100 Daingerfield Rd.
Alexandria, VA 22314**