



The  
**NCPA**  
**Foundation**  
*Established in 1953 in honor of John W. Dargavel*

# SCHOLARSHIP APPLICATION

Type or print clearly. Incomplete applications will not be accepted.

**WHICH NCPA FOUNDATION SCHOLARSHIPS ARE YOU APPLYING FOR (check mark ONLY one):**

Note: Please be advised you are to apply for only one NCPA Foundation scholarship per school year.

- J.C. AND RHEBA COBB MEMORIAL SCHOLARSHIP FOR EXCELLENCE IN GOVERNMENT AFFAIRS
- NEIL PRUITT, SR. MEMORIAL SCHOLARSHIP FOR ENTREPRENEURISM
- WILLARD B. SIMMONS SR. MEMORIAL SCHOLARSHIP FOR PHARMACY MANAGEMENT
- PRESIDENTIAL SCHOLARSHIP

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 GRADUATION DATE: \_\_\_\_\_

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 NCPA FOUNDATION SCHOLARSHIP AWARDS COMMITTEE
- APPLICANT'S RÉSUMÉ or CV
- ADDITIONAL REQUIRED SUPPORTING DOCUMENTS

**ALL MATERIALS MUST BE POSTMARKED BY: March 16, 2009**

**Mail your application to:** NCPA Foundation/Scholarship Awards Committee  
100 Daingerfield Rd., Alexandria, VA 22314