SCHOLARSHIP APPLICATION FORM

Materials must be postmarked by March 15, 2011.

Check which NCPA Foundation scholarship you are applying for (indicate only one). Please be advised you are to apply for only one NCPA Foundation scholarship per school year.

☐ Presidential Scholarship for Academic and Leadership Excellence
☐ 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 Excellence in Independent Pharmacy Management

Name of student: ______________________________________  Today’s date________________________
Mailing address: __________________________________________
Email: ________________________________  Telephone number:  (           ) _________________________
NCPA student membership #:  ________________ Expiration:  ______________ How long a member? _____________
Have you received any other scholarships?   ___yes     ___no   (If yes, please list on a separate sheet of paper with award year and amount.)

Which accredited U.S. school/college of pharmacy do you attend?
Name   ________________________________________     Dean’s name  ___________________________
Your expected graduation date: _____________________    Your GPA ______________________________

Complete this form and return with the following, preferably in one packet:

☐ Copy of most recent official academic transcript      ___Enclosed      ___To be mailed
☐ Letter from school official (one-sided, 2 pages maximum)   ___Enclosed   ___To be mailed
☐ Letter from pharmacy owner or manager (preferably an NCPA member)   ___Enclosed   ___To be mailed
☐ Letter from student to Scholarship Committee (one-sided, 2 pages maximum)
☐ Applicant’s resume or CV (one-sided, 3 pages maximum)

Mail to:
Scholarship Committee
NCPA Foundation
100 Daingerfield Rd * Alexandria, VA 22314

Questions?  Call 800-544-7447

Visit www.ncpafoundation.org

Updated: 2/01/11