



PARTNERS IN PHARMACY SCHOLARSHIP APPLICATION

Materials must be postmarked by March 15, 2010. Incomplete applications will not be accepted.

Name of student: _____

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 indicated.)

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**) ___Enclosed ___To be mailed
- Letter from pharmacy owner or manager (preferably an NCPA member) ___Enclosed ___To be mailed (**one-sided**)
- Letter from student to Scholarship Committee (**one-sided**)
- Applicant's resume or CV (**one-sided, 3 page maximum**)
- Additional supporting documents (**Please do not send binders of material.**)

Mail to:

PIP Scholarship Committee
NCPA Foundation
100 Daingerfield Rd * Alexandria, VA 22314

Questions? Call 800-544-7447

Updated: 12/28/09

Visit www.ncpafoundation.org
for scholarship information.