



PARTNERS IN PHARMACY SCHOLARSHIP APPLICATION

Materials must be **postmarked** by March 15, 2012.

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.

Most recent official academic transcript. *Don't send unofficial one.* ___Enclosed ___To be mailed

*Please do not use heavy stock paper for the following. **Resume should be on plain, uncolored paper.***

Letter from school official (**one-sided, 2 pages maximum**) ___Enclosed ___To be mailed

Letter from pharmacy owner/manager (preferably an NCPA member) ___Enclosed ___To be mailed (**one-sided, 2 pages maximum**)

Letter from student to Scholarship Committee briefly outlining school/civic accomplishments and goals for the future (**1 page maximum**). Please put your name at bottom of letter.

Letter from student to Scholarship Committee explaining demonstrated interest in independent pharmacy, vision of innovative pharmacy practices, and other relevant details. (**one-sided, 2 pages maximum**). Please put your name at bottom of letter.

Applicant's resume or CV (**one-sided, 2 pages maximum**)

Mail to:

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

Questions? Call 800-544-7447 or email ncpaF@ncpanet.org

Visit www.ncpafoundation.org