

As of: **1/16/2013**

Application deadline: **March 15, 2013**

PARTNERS IN PHARMACY SCHOLARSHIP APPLICATION INSTRUCTIONS

Eligibility

All pharmacy students who are student members of NCPA are eligible to apply for the **Partners in Pharmacy Scholarship**. The student must be enrolled in an accredited U.S. school or college of pharmacy on a full-time basis during the academic term that the scholarship is awarded. **Note:** Students may only receive this award one time.

Children of Partners in Pharmacy officers, NCPA Foundation officers, NCPA officers, or NCPA Executive Committee members are not eligible to participate in the program.

Application Process

The **Scholarship Application Form** is on the next page and **includes the maximum number of pages** for the documents requested below.

Each applicant must complete the Scholarship Application Form. In addition, the student must provide the following materials with the completed application:

1. Most recent official transcript of his/her college grades.
2. Letter from a school official familiar with the student's activities. This letter should briefly describe the student's extracurricular accomplishments, leadership qualities, and contributions to the school.
3. Letter from a pharmacy owner or manager, preferably an NCPA member. This letter should briefly describe the student's accomplishments, leadership qualities, contributions to the pharmacy profession, and pharmacist's knowledge of applicant's interest in independent pharmacy as a career.
4. Letter from the applicant to the **PIP Scholarship Committee** outlining his/her
 - ❖ school and civic accomplishments and goals for the future
 - ❖ demonstrated interest in independent pharmacy, vision for the development of innovative pharmacy practices, and other relevant details.
5. Résumé or curriculum vitae describing the student's work/professional experience.

Please don't send additional information such as research projects, published articles, etc.

Materials must be postmarked by March 15, 2013.

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.)	
Name of accredited U.S. school/university you attend _____	
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 use regular 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 **PIP Scholarship Committee** briefly outlining:
1. school/civic accomplishments and goals for the future
 2. demonstrated interest in independent pharmacy and vision for innovative pharmacy practices that stress quality patient care

Please put your name at top or bottom of pages (3 page maximum).

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

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

Questions? Email ncpaF@ncpanet.org

Visit www.ncpafoundation.org