

**Alaska Pharmacists Association  
Francis C. Bowden Memorial Scholarship**

**Purpose:** The purpose of the AKPhA Scholarship is to assist Alaskan students of Pharmacy in completing their course of study in Pharmacy.

**Eligibility:** You must be an Alaska resident who has completed pre-pharmacy courses of study and has been accepted into the Professional Pharmacy program at an ACPE accredited School of Pharmacy.

**Selection:** Selected members of the Alaska Pharmacists Association will evaluate applicants on the following criteria:

1. Academic Achievements
2. Personal Qualities
3. Letters of Recommendation
4. Completeness of the Application
5. Financial Need

**Instructions:** It is the applicant's responsibility to see that all supporting documents are submitted in **one package** in the order noted below. **No exceptions will be given.**

1. Application form
2. Official School Transcript
3. Letters of recommendation
4. Personal statement

(Verification of attendance and enrollment may be requested).

**Mail** (DO NOT FAX) completed application to:

Alaska Pharmacists Association  
c/o Scholarship Chairman  
203 W. 15<sup>th</sup> Ave. Suite # 100  
Anchorage, Alaska 99501

The amount of this scholarship is \$1,500. **Deadline for applications is November 1.**

The Scholarship award will be announced at the Annual AKPhA Pharmacy Convention. Applicants will be notified of their status by December 15. No prior acknowledgements are made to applicants and all notifications are final.

## Francis C. Bowden Memorial SCHOLARSHIP APPLICATION

PLEASE READ THE GENERAL INFORMATION AND INSTRUCTIONS BEFORE COMPLETING THE APPLICATION. RESPONSES TO ALL ITEMS MUST BE TYPED.

1. NAME: EMAIL ADDRESS:
2. ADDRESS WHILE AT SCHOOL:
3. TELEPHONE:
4. STUDENT ID NUMBER:
5. BIRTHDAY & BIRTHPLACE:
6. NAME OF COLLEGE ENROLLED;
7. CURRENT CLASS STANDING (P1, P2, P3, P4 year)
8. CUMULATIVE GRADE POINT AVERAGE (GPA)  
UNDERGRADUATE GPA:  
GRADUATE GPA, IF APPLICABLE:
9. HOW LONG HAVE YOU BEEN AN ALASKA RESIDENT?
10. NAME AND ADDRESS OF HIGH SCHOOL ATTENDED:
11. PARENT'S NAME, ADDRESS AND TELEPHONE NUMBER:
12. OTHER AWARDS OR HONORS RECEIVED
13. PERSONAL STATEMENT: Please include with this application a one to two page, typed, personal statement in which you must address the following;
  - 1.) Alaskan background
  - 2.) Financial need for this Scholarship
  - 3.) Current Higher Education Status
  - 4.) Career goals
  - 5.) How you plan to help the AKPhA in helping others

Please include any other information relevant to this application

**\*The personal statement is one of the most important selection criteria and is the equivalent of an interview.**

14: TRANSCRIPT: An official school transcript of your recent college work (through the previous semester) must accompany this application. First year graduate/professional school students should send their undergraduate transcripts.

15. REFERENCES: Two letters of recommendation are required. The reference writer should directly address the AKPhA Scholarship Committee and letters **must be original, signed letters. Copies will not be accepted.** Sponsor telephone numbers should be included for verification. The letters must be sent with the application.

One letter of recommendation is required, preferably from a school official who can discuss your academic and personal achievements as well as your potential for future success. Please have that person comment on your present enrollment, academic status and ranking among peers. It would also be helpful if the letter addressed qualities such as maturity, motivation, self-confidence, leadership, and commitment.

A second letter of recommendation, preferably from a pharmacist registered and residing in the state of Alaska should also be included with the application. In this letter, the sponsor should discuss how support of the applicant by the AKPhA would benefit the applicant, the AKPhA, and the State of Alaska.

16. The winner of the scholarship will be required to submit an article to be published in the quarterly "*The Alaska Pharmacy Newsletter*", by April of the award year, addressing the current trends in pharmacy.

17. CERTIFICATION:

All of the information provided is complete and accurate to the best of my knowledge. I hereby give the AKPhA permission to share this information for the purpose of recruitment, public relations and possible employment. I further certify that I am currently enrolled as a fulltime student and will use the AKPhA award toward the expenses related to my college attendance.

I hereby acknowledge that it is my responsibility to keep AKPhA informed of any address changes. Furthermore, I am aware that any scholarship check I may receive will be issued to the financial aid office of my college of pharmacy on my behalf. Falsification of information may result in termination of any scholarship granted and render me disqualified for future consideration of this scholarship. All application material becomes the property of the AKPhA.

SIGNATURE & DATE: