

**Alaska Pharmacists Association  
Pharmacy Technician Scholarship**

**Purpose:** The purpose of the AKPhA Technician Scholarship is to assist students pursuing Pharmacy technician courses at the University of Alaska, Anchorage, and encouraging their future practice in the state of Alaska.

**Eligibility:** The applicant must be a high school graduate or hold a GED certificate, a resident of Alaska, and enrolled in the pharmacy technology curriculum or hold an Alaska Pharmacy Technician license.

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

1. Personal Qualities
2. Letters of Recommendations
3. Completeness of the Application
4. Financial Need
5. Grade Point Average (GPA)

**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. Letters of recommendation
3. Personal statement
4. Official School transcript

(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, AK 99501

The amount of this award is \$500. Applications will be accepted until November 1. Applicants will be notified of their status by December 15<sup>th</sup>. No prior acknowledgements are made to applicants and all notifications are final. The recipient will be invited to the Awards Banquet at the Annual Pharmacy Convention where they will be recognized.

## **AKPhA Technician 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. GRADE POINT AVERAGE (GPA):
7. HOW LONG HAVE YOU BEEN AN ALASKA RESIDENT?
8. NAME AND ADDRESS OF HIGH SCHOOL ATTENDED:
9. PARENT'S NAME, ADDRESS AND TELEPHONE NUMBER:
10. OTHER AWARDS OR HONORS RECEIVED:
11. PERSONAL STATEMENT: Please include with the 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. Your technician career goals and plans for program completion.
  4. How do 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.**

12. TRANSCRIPT: Please provide an official school transcript of your recent class work if available.
13. 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.** The sponsor's telephone number should be included for verification. The letters must be sent with the application. At least one letter should be from a school official.
14. 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 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 the 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 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: