

Alaska Pharmacists Association
Pre Pharmacy Scholarship

Purpose: The purpose of the AkPhA Pre Pharmacy Scholarship is to assist students pursuing Pharmacy in completing their course of study and encouraging their future practice in the state of Alaska.

Eligibility: You must be a student in good standing who has a history in Alaska and is enrolled in a pre-pharmacy curriculum or equivalent.

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

1. Academic Achievements
2. Personal Qualities
3. Letters of Recommendations
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. 15TH Ave. Suite 100
Anchorage, AK 99501

Deadline for Applications is November 1.

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

AkPhA Pre Pharmacy Scholarship Application

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

1. NAME:
2. ADDRESS WHILE AT SCHOOL:
3. TELEPHONE:
4. STUDENT ID NUMBER:
5. BIRTHDAY & BIRTHPLACE:
6. NAME OF COLLEGE ENROLLED:
7. CURRENT CLASS STANDING (1ST,2ND,3RD,4TH,5TH,6TH YEAR):
8. CUMULATIVE COLLEGE GRADE POINT AVERAGE (GPA)
UNDERGRADUATE GPA:
GRADUATE GPA IF APPLICABLE:
9. DESCRIBE YOUR ALASKA BACK GROUND:
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 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. Current Higher Education Status
 4. Why did you chose pharmacy
 5. How do you plan to help the AkPhA in helping others
 6. What are your intentions after graduation

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 class work (through the previous semester) must accompany this application.
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.** The sponsor's telephone number 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 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. 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 full-time 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:

