



Alaska Pharmacists Association

Scholarship Nomination Form

Candidate Information- Must be an Alaska resident to qualify

Full Name:

Mailing Address:

Home Phone:

Work Phone:

Your Information:

Full Name:

Email address:

Mailing address:

Home Phone:

Work Phone:

Which scholarship is the candidate being nominated for?

Where is the student attending school?

Why are you nominating this student to receive an application for a scholarship?

Please complete and mail or fax to:

Alaska Pharmacists Association

Attn: Scholarship Chair

203 W. 15th Ave. #100

Anchorage, AK 99501

FAX (907) 563-7880

E-mail: akphrmcy@alaska.net