



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 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 or online in the order noted below.

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

Online applications can be accessed at:

- <https://alaskapharmacy.org/resources/scholarships/>
- Verification of attendance and enrollment may be requested
- Letters of recommendation can be emailed to akphrmcy@alaska.net, if the reference prefers, with the student name in the topic line

If Mailing, send completed application to the following address. Please DO NOT require a delivery confirmation signature since staff may not be available for deliveries.

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

The amount of this scholarship is \$1,000.

Deadline for applications is November 30th.

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

Pre-Pharmacy SCHOLARSHIP APPLICATION FORM

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

Name	
Email Address	
Address While at School	
Telephone	
Student ID Number	
Birthdate & Birthplace	
Name of College Enrolled	
Current Class Standing (1st, 2nd, 3rd, 4th, 5th, 6th year)	
Cumulative College Grade Point Average (GPA)	
Undergraduate GPA	
Graduate GPA, If Applicable	
Describe your Alaska background	
Name and Address of High School Attended	
Parent's Name, Address, Phone Number	
Other Awards or Honors Received	

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.) Why you chose pharmacy
- 5.) How you plan to help the AKPhA in helping others
- 6.) What your intentions are 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.

TRANSCRIPT: An official school transcript of your recent class work (through the previous semester) must accompany this application.

REFERENCES: Two letters of recommendation are required. The reference writer should directly address the AKPhA Scholarship Committee and letters **must be original, signed letters**. Sponsor telephone numbers should be included for verification. The letters should be sent with this application or emailed as noted.

One letter of recommendation is 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 is preferably from a pharmacist registered and residing in the state of Alaska. 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.

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:
