

NDSU College of Pharmacy, Nursing, and Allied Sciences

2008-2009 Pharmacy Scholarship Application

PART I STUDENT INFORMATION *Please print*

Last Name First Name M.I. Name Pronunciation

Permanent Street Address City State Zip Home Phone Cell Phone

Male Female Student ID # _____

High School Name Hometown NDSU E-mail

Year in Professional Program for **Fall 2008**: P1 _____ P2 _____ P3 _____ P4 _____

PART II DEMOGRAPHICS

Are you a North Dakota resident? Yes No Are You a Minnesota resident? Yes No

Are you a first-generation college student? Yes No
If neither of your parents graduated from a four-year institution, you would be considered a first-generation college student.

Have you applied for Financial Aid? Yes No Are you the child of a Pharmacist? Yes No

PART III PROFESSIONAL ACTIVITIES

Please describe your involvement (office, committees, activities, etc.) for all organizations to which you are **CURRENTLY** a member.

- ASP _____
- Kappa Epsilon _____
- Kappa Psi _____
- NCPA _____
- NDSHP-NDSU _____
- Phi Lambda Sigma _____
- Rho Chi _____
- CPFI _____

PART VI OTHER CAMPUS AND/OR COMMUNITY ACTIVITIES

Please describe other campus and/or community activities that you are **CURRENTLY** involved in both on-campus and off-campus. List any offices held, or projects you worked on.

Organization	Describe your involvement:
_____	_____
_____	_____
_____	_____
_____	_____

PART V EMPLOYMENT

Currently Employed _____
Name of Business _____ Hours per week _____
Name of Business _____ Hours per week _____

Previously Employed _____
Name of Business _____ Hours per week _____
Name of Business _____ Hours per week _____

PART VI CAREER GOALS

Please rank the following career goals from HIGHEST (1) to LOWEST (7) in terms of your career goals.

_____ Hospital or Health System	_____ Long-term Care or Skilled Nursing Facilities
_____ Community Practice (chain stores)	_____ Research
_____ Community Practice (independent)	_____ Other (specify) _____
_____ Research or Industry	

PART VII STATEMENT OF NEED

Some awards are based, in part, on the financial need of the applicant. If you would like to be considered for such an award, please provide a statement of need below.

PART VIII RESPONSIBILITY OF THE SCHOLARSHIP RECIPIENT

My signature below certifies that in the event I am chosen by the College Scholarship Committee to receive a scholarship award from the College of Pharmacy, Nursing, and Allied Sciences, I understand and accept responsibility as an award recipient to complete the following tasks:

- **Attend the scholarship information meeting prior to the Scholarship Recognition Program on Thursday, September 18, 2008 at 2:00 p.m.**
- **Attend the College of Pharmacy, Nursing, and Allied Sciences Scholarship Recognition Awards Ceremony on Thursday, September 18, 2008 at 3:00 p.m.**
- **Send a thank you letter to the donor and provide a copy of the letter to the College**

I understand that unless I fulfill these requirements, the scholarship offered by the College will be considered null and void.

My signature below also certifies that I have maintained good academic standing and upheld the student conduct policy. I also understand if I am currently in violation of the College conduct policy or under investigation, I am not eligible for scholarships. I give my permission to the Scholarship Committee to confirm all information on this application.

Applicant Signature

Date

Scholarship Application Deadline: February 29, 2008
Please return scholarship applications to: Sara Tanke, 120 Sudro Hall
If you have questions, please call 701-231-6461

Scholarships will be announced mid-August.