Available Scholarship:

One (1) $500 scholarship available to students enrolled in Ohio colleges or schools of pharmacy. The scholarship is offered each year to a student in his/her P1 – P3 year (P3 – P5 year in 6 year programs)

Guidelines:

\* Application deadline is March 1, 2021

\*Electronically complete the attached application. Include one letter of recommendation, and curriculum vitae (or resume). Please e-mail all completed materials to: aashpscholarship@gmail.com. Please title the subject of the email as follows: “Last name, First name – AASHP Scholarship Application 2020” (example: Doe, John - AASHP Scholarship Application 2020)

\*The applications will be reviewed by a selection committee consisting of AASHP members. The scholarship recipient will be notified in April 2021. The recipient will be invited (if able) to attend the May 11th, 2021 AASHP meeting to be awarded the scholarship.

Please submit any questions to: kingslandc@summahealth.org

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| CONTACT INFORMATION |
| LAST NAME:  | **FIRST NAME:** |
| PHARMACY COLLEGE/SCHOOL: |
| HOME ADDRESSSTREET:CITY, STATE, ZIP: |
| SCHOOL ADDRESSSTREET:CITY, STATE, ZIP: |
| E-MAIL: |
| TELEPHONE NUMBER:  |

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| EDUCATION |
|  | **NAME OF SCHOOL** | **GRADE POINT AVERAGE (or ranking/class percentile in non-gpa school if known)** | **DATES** |
| PHARMACY |  |  |  |
| PRE-PHARMACY |  |  |  |
| OTHER, IF APPLICABLE  |  |  |  |

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| INTERNSHIP |
|  | **YES or NO** | **LICENSE #** |
| Are you a licensed intern by the Ohio State Board of Pharmacy? |  |  |
| Are you a licensed intern outside of Ohio? |  |  |

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| FUTURE PLANS |
|  | **YES or NO** | **IF YES, WHICH COUNTY** |
| Do you plan to work in Northeastern Ohio following graduation? |  |  |

*(PLEASE INSERT ADDITIONAL ROWS IF NEEDED FOR BELOW SECTIONS)*

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| JOBS/INTERNSHIPS |
| NAME | **POSITION** | **SUPERVISOR** | **DATES** |
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| PROFESSIONAL ORGANIZATIONS |
| NAME | **POSITION/ROLE** | **DATES** |
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| VOLUNTEER/COMMUNITY SERVICE |
| NAME | **POSITION/ROLE** | **DATES** |
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| EXTRACURRICULAR ACTIVITIES |
| NAME | **POSITION/ROLE** | **DATES** |
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| ACADEMIC AWARDS/HONORS |
| NAME | **DATE** |
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| ESSAY QUESTIONS (Short answer; may attach additional sheets as needed) |
| Why did you decide to pursue a career in pharmacy? |  |
| In what area of pharmacy do you see yourself working and why? |  |
| With regard to the area of pharmacy you’ve indicated above, what is your vision for the future of pharmacy in that practice setting? |  |
| How do you believe you will make an impact in healthcare as a pharmacist?  |  |

On behalf of AASHP, thank you for your submission. BEST OF LUCK!