



SCHOLARSHIP APPLICATION

All students attending an accredited school of pharmacy
are eligible to apply for a WTPA scholarship.

SCHOLARSHIP REQUIREMENTS

1. Must be a current WTPA member in good standing. Dues for students are \$10 and payable online at www.westtexaspharmacy.org
** If member dues are not paid when the application is submitted, this voids the application **
2. **APPLICATION DEADLINE: NOVEMBER 1, 2016**
** If an application is received after November 1st, it will not be reviewed **
3. Submit a letter from the School of Pharmacy, which states that he/she is in good standing, and includes the following:
 - Student Classification
 - Pharmacy GPA
 - Projected date of graduation
4. Submit 2 letters of recommendation with at least one from a pharmacist (i.e. mentor, employer, preceptor, member of WTPA, etc.)
5. Must express a genuine interest in practicing pharmacy in West Texas.

**This page is for personal use and does not need to be returned
with the application**



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PERSONAL STATEMENT

Please attach a 200-500 word autobiographical essay in which you discuss significant experiences, community involvement, and the qualities of character and leadership important to achieving your goals. Highlight any personal accomplishments, achievements, and experiences that have helped you form that character. Be sure to comment on your educational and career goals. Finally, explain the difference receiving a scholarship would mean in your life and any special financial reasons that you may have causing you to need the scholarship. **BE SURE TO PUT YOUR NAME ON THE PERSONAL STATEMENT!**



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WTPA SCHOLARSHIP RECOMMENDATION FORM

NAME OF APPLICANT: _____

NAME OF REFERENCE: _____

TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

EMAIL: _____

How long have you known the scholarship applicant? _____

In what capacity are you familiar with the applicant's education and/or personal background?

EVALUATION

In comparison with a representative group of undergraduate students who have had approximately the same amount of experience and training, how do you rate the applicant?

	EXCELLENT	ABOVE AVERAGE	AVERAGE
GENERAL ACADEMIC ABILITY			
LEADERSHIP POTENTIAL			
MOTIVATION AND INITIATIVE			
ABILITY TO WORK WITH OTHERS			
IMAGINATION AND CREATIVITY			

COMMENTS

Please use the rest of this form to comment on any aspect of the applicant's background, experiences, community involvement, etc., that you feel will help the Scholarship Selection Committee evaluate this individual.



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SIGNATURE: _____

DATE: _____

**Please return this form to the applicant
SCHOLARSHIP DEADLINE IS NOVEMBER 1, 2016**



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Application Checklist

- Paid \$10 WTPA dues – Payable online at www.westtexaspharmacy.org
- Application Information
- Extracurricular Activities
- Work Experience
- Pharmacy Organization Participation
- Personal Statement
- 2 Recommendation Letters (At least 1 from a pharmacist)
- Letter of good standing from the School of Pharmacy
- Application submitted by November 1, 2016 Deadline**

SIGNATURE: _____

DATE: _____

Please send this completed checklist back with your application. We prefer to receive applications by email at info@westtexaspharmacy.org.

You may also mail it to: West Texas Pharmacy Association, P.O. Box 1004, San Angelo, TX 76902