

## Northern Kentucky Pharmacists Association

### • Legacy Scholarship

**What:** a new NKPA scholarship award in the amount of \$1,000.00

#### **Eligibility:**

1. Student must be from one of the eight Northern Kentucky counties: Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen or Pendleton.
2. Student must be enrolled in an accredited College of Pharmacy.
3. **Relative** of a past or current NKPA member.

**Where** can I get an application: Scholarship applications may be obtained from:

1. Associate Dean (Andrea Wall) at the University of Cincinnati (513) 558-0713 or [andrea.wall@uc.edu](mailto:andrea.wall@uc.edu)
2. Amber Bowling at the University of Kentucky (859) 218-1305 or [amber.bowling@uky.edu](mailto:amber.bowling@uky.edu)
3. Julie Harting at Sullivan University (502) 213-8301 or [jharting@sullivan.edu](mailto:jharting@sullivan.edu)

**How** to Apply: Send completed applications to:

Shelley Rose      [nkpascholarship@gmail.com](mailto:nkpascholarship@gmail.com)

**Deadline:** All applications must be received by April 1, 2017.

Completed applications must include a letter of recommendation by the sponsoring NKPA member.

Method of Selection: The NKPA scholarship subcommittee will select a recipient based on:

1. Eligibility
2. Participation in professional/extracurricular activities
3. Information obtained from the scholarship application

The committee will select a recipient and present the scholarship at the annual NKPA meeting in April.

# Northern Kentucky Pharmacists Association

## • Legacy Scholarship Application

I hereby apply for the Northern Kentucky pharmacists Association Scholarship. I am currently enrolled at the University of \_\_\_\_\_ College of Pharmacy in my \_\_\_\_\_ professional year. GPA in Pharmacy School: \_\_\_\_\_

Relationship to \_\_\_\_\_ (a current or past N.K.P.A. member)

\_\_\_\_\_

Where did your Relative work ? \_\_\_\_\_

1. Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

3. Employment:

Employer	Position	Date of Employment	Hours per Week
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Explain how your relative pharmacist influenced your decision to become a pharmacist.

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\_\_\_\_\_

5. State career objectives in the field of pharmacy.

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6. Please list organizations and activities you have been involved in during your time in college. List any offices or committees you have served or any leadership roles.

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7. What special recognition, if any, have you received for excellence in Pharmacy School work, such as honors, prizes or scholarships?

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