

WEST TEXAS PHARMACEUTICAL ASSOCIATION
SCHOLARSHIP & STUDENT LOANS

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

Completed Applications and letters should be submitted to:

West Texas Pharmacy Association
P.O. Box 324
Abilene, TX 79604

SCHOLARSHIP REQUIREMENTS

1. Must be a current WTPA member in good standing. Dues for students are \$10 and payable online at www.westtexaspharmacy.org
2. APPLICATION DEADLINE: December 15.
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.

Scholarship Application

Deadline – December 15

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Permanent Address: _____ City: _____

State: ____ Zip: _____ Phone #: (____) _____ E-Mail: _____

School of Pharmacy Attending: _____ Current GPA: _____

Professional Year: __ P1 __ P2 __ P3 __ P4 Expected Graduation Date: _____

I am interested in a WTPA Student Loan: __ YES __ NO

EXTRACURRICULAR ACTIVITIES IN COLLEGE Include school and community activities and honors. Please indicate the school year(s) in which you participated in each activity.

Mo./Yr. TO	Mo./Yr.	Description of Activity

WORK EXPERIENCE Include present and previous employment.

Mo./Yr. TO	Mo./Yr.	Description of Activity

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 you consider to 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.**

Signature: _____ Date: _____

WTPA Scholarship Recommendation Form

Name of Applicant: _____

Name of Reference: _____

Title/Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

How long have you known the scholarship applicant? _____

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

EVALUATION:

