



Dallas Area
Pharmacy Association

2015 SCHOLARSHIP APPLICATION

Dallas Area Pharmacy Association (DAPA) offers annual scholarships to Dallas Area students pursuing a career in pharmacy at an accredited school or college of pharmacy in Texas. The 2015 award will be a \$500 scholarship.

Pharmacy students entering their second (P2), third (P3) and fourth (P4) professional years in the Fall 2015 with a minimum GPA of 2.5 on a scale of 4.0 in required courses are eligible. In addition, the applicant must be a **resident (permanent address) of Dallas, Collin, Cook, Grayson or Rockwall County** and a **student member of TPA**. Students will be judged on scholarship, need, and the potential to become a leader for Texas pharmacy, as demonstrated by involvement in pharmacy school and community activities.

Completed applications and supporting documents should be given to the following by November 14, 2014:

Texas A & M Health Science Center: Gregory Sawyer, PhD

Texas Southern University: Aisha Morris Moultry, Pharm.D., M.S.

Texas Tech University: Linda R. Goldstein, B.S.

University of Houston: Aditi Marwaha, PhD

University of the Incarnate Word: Dr Donald Sikazwe

The University of Texas at Austin: Diane Ginsburg, PhD, RPh, FASHP

Name of applicant: _____

Present address: _____

Contact number: (____) _____ E-mail: _____

Permanent address: _____

County (circle one): Dallas Collin Cook Grayson Rockwall

Phone: (____) _____

Circle the mailing address you prefer: Present Permanent

Name and address of the School or College of Pharmacy you are attending: _____

Check the academic year of the professional sequence of **courses you will be entering in the Fall of 2015:**

_____ P2 (2nd professional year) _____ P3 (3rd professional year) _____ P4 (4th professional year)

Will you be enrolled full-time this fall and next spring? _____

Your GPA last semester (indicate scale) _____ Cumulative pharmacy GPA _____

Are you a member of TPA at your college? _____ **TPA membership #** _____

Are you employed? (circle one) Yes No
If yes, how many hours do you work each week? _____

Name and address of employer, if applicable _____

Please list involvement in student organizations. Include office(s) held or committee activities:

Please list involvement in community service: _____

SUPPORTING DOCUMENTS REQUIRED:

- 1) Your **one-page essay on why** you need the scholarship, how the funds are to be used, and what your future goals are as a pharmacist
- 2) **Current CV**
- 3) **Letter from your pharmacy school verifying that you are a student in good standing, your Professional year status as of Fall 2015, and your GPA**

SCHOLARSHIP PRESENTATIONS:

Scholarship recipients will be recognized at the Thursday, March 5, 2015 DAPA meeting/TSBP Law CE