



SCHOLARSHIP APPLICATION

CONFIDENTIAL

DEADLINE: June 1st

Completed application must be returned to:

Maine Pharmacy Association - P.O. 174 Turner, ME 04282

NAME:

(Please - print- Last name, First name, M. I.)

SS# _____

HOME ADDRESS:

(Street, City, State, Zip)

Telephone _____

HIGH SCHOOL ATTENDED:

(Name)

(Location)

FAMILY BACKGROUND:

Father: (Name and Occupation) _____

Mother: (Name and Occupation) _____

Siblings:.....Number: (1) (2) (3) (4) (5) (6) (7) (8) (9)

Number Presently Attending College: _____

Number of Family Members Attending College Next Year, Including Yourself: _____

COLLEGE INFORMATION:

(Name)

(Location)

(Years Completed)

(G.P.A.)

FINANCIAL INFORMATION:

Estimated Total Educational Expenses for Next Academic Year: \$ _____

Family Contribution: \$ _____

Student Contribution: \$ _____

List all Scholarships and Other Financial Aid you have received or Expect to Receive:

Name : _____ Amount: \$ _____

Name : _____ Amount: \$ _____

Name : _____ Amount: \$ _____

IMPORTANT:

Please explain any unusual family circumstances which may relate to your request for financial assistance.

ATTACHMENTS:

Please submit a list of College and Community activities, including all clubs, activities, sports, etc. in which you have participated. Include all offices you have held and honors you have received.

Submit a statement, not to exceed one page, describing your educational goals and plans upon graduation.

MPA Pharmacy Scholarship Program

SCHOLARSHIPS: UP TO SEVEN \$1000.00 Annual Scholarships

ELIGIBILITY: Applicant must be at least a third-year undergraduate student (P1).
Applicant must have a least a G.P. A. of 2.5.
Applicant Must be enrolled in a U.S. accredited College of Pharmacy.
-Pre-Candidate status or better allowed

APPLICATION: Applicant must be sponsored by a MPA member.
Application Form may be obtained from a MPA member,
from the MPA office or from the college's Student Aid Office.