



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:

1. 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.
2. Please submit a letter from a current MPA member sponsoring your application
3. 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.