



# Oregon Society of Health-System Pharmacists SCHOLARSHIP AWARD APPLICATION

*Scholarships are awarded from funds generated at the Annual Seminar*

**Deadline for receipt of completed application packet, including references and transcripts is March 7, 2012.**

Completed hardcopies of the application form, letters, transcripts, and two recommendations should be sent to:

SCHOLARSHIP COORDINATOR  
OREGON SOCIETY OF HEALTH-SYSTEM PHARMACISTS  
147 SE 102<sup>nd</sup> AVE  
PORTLAND, OR 97216

**TYPE OR PRINT ONLY**

Name: \_\_\_\_\_  
Last First M.I.

Home Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
*(if different from home address)*

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

OSHP or Pharmacy Student Society member since \_\_\_\_\_  
*(must be an OSHP or College of Pharmacy Student Society member to be eligible)*

**CURRENT ACADEMIC STATUS:**

Academic Institution: \_\_\_\_\_

- Pharm.D. student, Class of \_\_\_\_\_
- External Pharm.D. student, Class of \_\_\_\_\_

ANSWER THE FOLLOWING QUESTIONS COMPLETELY; USE ADDITIONAL SHEETS IF NECESSARY.

***A Curriculum Vitae may be attached if the information requested below is included and clear to the reviewers.***

**EDUCATION AND TRAINING:**

List all College, University, or Residency programs attended in reverse chronological order (e.g., most recent first):

<u>University, College, Residency (include address)</u>	<u>Date of attendance</u>	<u>Degree/Subject or Certificate</u>
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If you have been accepted into a graduate education program, indicate name and address of institution, anticipated enrollment date, and proposed area of study/degree sought:

Provide copies of transcripts for professional coursework. If first year student, copies of all college coursework should be submitted. (official copies are not required)

**WORK EXPERIENCE AND COMMUNITY SERVICE:**

List all work experience and community service in reverse order (e.g., most recent first):

<u>Name and address of site of employment or service</u>	<u>Dates of Employment/ Service</u>	<u>Position held/ major responsibilities</u>
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**PROFESSIONAL LICENSURE:**

List all current professional licensures.

License Type \_\_\_\_\_ State \_\_\_\_\_ Certificate Number \_\_\_\_\_

**LEADERSHIP ACTIVITIES:**

List all memberships and services. Indicate all major activities and offices held.

Organization \_\_\_\_\_ Date(s) of membership \_\_\_\_\_ Major activities/offices held \_\_\_\_\_

**PROFESSIONAL ORGANIZATIONS INVOLVEMENT**

(If held an office, please indicate which office and date)

Professional Organization \_\_\_\_\_ Date(s) of membership \_\_\_\_\_

**AWARDS AND HONORS:**

List or describe all awards and honors received.

<u>Award/Honor</u>	<u>Received From &amp; What For</u>	<u>Date</u>
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**PUBLICATIONS, MAJOR PRESENTATIONS, AND/OR RESEARCH PROJECTS:**

List all pertinent publications, papers, presentations and research projects. Include author, titles, presentation sites, name of publications, completion date.

**REFERENCES:**

Two (2) recommendation forms are required. In addition, accompanying letters of reference may be attached. References from practicing pharmacy professionals are preferred, however, one reference may be obtained from a college professor if desired. Persons selected as references should forward completed reference forms and letters of recommendation to the Scholarship Coordinator at the above address. Electronic (or e-mailed) copies will not be accepted.

**LETTER OF APPLICATION:**

A brief letter, not to exceed two double-spaced pages, should be submitted with the other application materials. The following points should be discussed or highlighted:

- a. Professional goals and objectives for further study.
- b. Pertinent academic, professional and community service or experience, which has or is helping the applicant achieve career objectives.
- c. Any other information or comments which the applicant feels will aid the committee in the selection process, excluding any information on financial status.

**USE THE FOLLOWING APPLICATION CHECKLIST TO ENSURE THAT ALL REQUIRED APPLICATION MATERIALS HAVE BEEN FORWARDED TO THE SCHOLARSHIP COORDINATOR BY MARCH 7, 2012. ITEMS CAN NOT BE ACCEPTED ELECTRONICALLY.**

**Application Checklist:**

- Application form completed and signed \_\_\_\_\_
- Copies of transcripts from professional coursework  
*(If First Year Student, copies of all college coursework)* \_\_\_\_\_
- Forms sent to two (2) references \_\_\_\_\_
- Application letter completed and sent \_\_\_\_\_
- Optional – May submit a copy of curriculum vitae \_\_\_\_\_

Please be sure that all information required to complete the application is received in hardcopy no later than March 7, 2012.

I certify that the preceding information is complete and accurate.

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_



OSHP Scholarship Coordinator  
147 SE 102<sup>nd</sup> Avenue  
Portland, OR 97216