

**OKLAHOMA SOCIETY OF HEALTH-SYSTEM PHARMACISTS  
\$1000.00 P-3 SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_

University: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone Numbers:      Cell \_\_\_\_\_      Campus \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you an OSHP member? \_\_\_\_\_ sOSHP member? \_\_\_\_\_ Describe your activities in the student and/or state chapter? \_\_\_\_\_

Are you an Oklahoma resident? \_\_\_\_\_ Do you plan to practice in Oklahoma? \_\_\_\_\_

Do you have another degree? \_\_\_\_\_ If so, please specify \_\_\_\_\_

Are you receiving financial aid? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are you working during the school year? \_\_\_\_\_ If yes, please describe: (Please include the name and phone number of your supervisor.) \_\_\_\_\_

Do you intend to enter health-system pharmacy as a career? \_\_\_\_\_

**Please prepare a brief written report which includes the following:**

- (1) Definition of your professional career goals.
- (2) Summary of extracurricular activities.
- (3) Hobbies and special interests.
- (4) Past work experiences.
- (5) State why you are deserving of this scholarship.

**Include a letter from the dean's office which verifies that you are in good academic standing, and one letter of reference from someone other than a relative.**

**Date and sign your report/application and submit to Oklahoma Society of Health-System Pharmacists, P.O. Box 2371, Oklahoma City, OK 73101-2371 or e-mail to oklahomashp@gmail.com. Applications must be received by ebruary 21, 2014. Winners will be notified by March 14. Scholarships will be awarded at the OSHP Annual Meeting.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_