



## **Student Pharmacist Travel Grant**

### **2016 Educational Conference**

The American College of Apothecaries (ACA), International Academy of Compounding Pharmacists (IACP) and American College of Veterinary Pharmacists (ACVP) Foundations are offering up to **four (4)** pharmacy students a travel grant to attend the *2016 Educational Conference*, February 24-27, 2016, in San Diego, CA.

### **What's Available?**

**Travel grants, up to \$2,500 each, will cover the following expenses:**

- Meeting registration for one student to attend *2016 Educational Conference* – \$ 300
- Special event(s) – \$ 200
- Four (4) nights of hotel accommodations – \$ 1,100
- Funds to cover meals and travel not covered by registration and incidentals – \$ 900 (paid after attendance)

### **When Can I Apply?**

Applications for the *2016 Educational Conference Travel Grant* should be submitted **no later than October 31, 2015**.

The ACA / IACP / ACVP Foundations will review all complete applications and select up to four (4) pharmacy students to receive a travel grant. The decisions of the Foundations are final.

Students who have applied will be notified of the Foundations' decision by **December 15, 2015**.

### **How Do I Apply?**

Recipients of a travel grant for attendance at the *2016 Educational Conference* will be selected by the Foundations based on the following applicant criteria:

#### **All applicants must:**

1. Fill out the *Student Pharmacist Travel Grant Application 2016 Educational Conference*. Incomplete applications may be summarily disqualified from consideration.
2. Be currently enrolled in an accredited college of pharmacy.
3. Be a current ACA, IACP or ACVP Student Pharmacist member.
4. Be able to attend IACP Foundation or ACA / ACVP Foundation Board meeting and IACP Board meetings on Wednesday, February 24, 2016 from 9:00 AM to 5:00 PM PDT.
5. Preferably be nominated by a current ACA, IACP, or ACVP member who plans to attend the *2016 Educational Conference*.
6. Submit a letter of support. This can be the same individual who nominated the applicant.

### **How do I join?**

Visit the following websites for membership information.

#### **ACA Student Membership Page:**

<http://acainfo.org/student-membership/>

#### **ACVP Student Membership Page:**

<http://vetmeds.org/student/>

#### **IACP Student Membership Page:**

<http://iacprx.org/membership/>



**Student Pharmacist Travel Grant Application**  
**2016 Educational Conference**

All applicant information will be kept confidential by the ACA / IACP / ACVP Foundations.

**Section 1: Personal Information**

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

Permanent (Home) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

College/University: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School ID#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Year in Pharmacy program: \_\_\_\_\_ Anticipated Year of Graduation: \_\_\_\_\_

**Section 2: Personal Achievements/Accomplishments**

School and Community Activities and Involvement (Please list extracurricular activities, volunteer experiences, community service, etc.)

Name of Activity/Club	Number of Years Involved	Offices or Leadership Roles	Number of Years in Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **Section 3: Employment Experience**

Name of Employer and Phone No.	Position Held and Number of Years in Position	Contact Person
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Section 4: Provide Responses to the Following Questions**

- 1) What are your personal and professional goals for wanting to attend this prestigious meeting? *(maximum of 100 words)*
  
- 2) What is your interest in choosing pharmacy as your profession? *(maximum of 100 words)*
  
- 3) Why should you be chosen for this Student Pharmacist Travel Grant? *(maximum of 100 words)*

### **Section 5: Provide a Nominator and Letter of Support**

Provide a letter of support nominating the applicant for this travel grant *(including contact information)*.

Applicant Name	Applicant Signature	Date
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**All Applications Must Be Received by October 31, 2015**

**By Electronic Mail to both addresses:**

[ACAFoundation@acainfo.org](mailto:ACAFoundation@acainfo.org)  
[foundation@iacprx.org](mailto:foundation@iacprx.org)

**For more information visit:**  
[www.educationalconference.org](http://www.educationalconference.org)