

**OKLAHOMA SOCIETY OF HEALTH-SYSTEM PHARMACISTS
\$500.00 SCHOLARSHIP APPLICATION**

NAME: _____

UNIVERSITY: _____

CAMPUS ADDRESS: _____

PERMANENT ADDRESS: _____

TELEPHONE NUMBERS: **CAMPUS** _____ **OTHER** _____

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 EXPLAIN:**
(Please include the name and phone number of your supervisor.)

DO YOU INTEND TO ENTER HOSPITAL 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 FORWARD IT TO: OSHP, P.O. Box 18731, Oklahoma City, OK 73154. **APPLICATIONS MUST BE RECEIVED BY MARCH 20.**

WINNERS WILL BE NOTIFIED BY April 1st. SCHOLARSHIPS WILL BE AWARDED AT THE OSHP ANNUAL MEETING.

SIGNATURE _____ **DATE** _____