



# Membership and Involvement Award Application

Application must be filled out and submitted by the school Membership Ambassador, school SAB Director/Alternate, and/or the Faculty Liaison on, or before **June 1**. **PPA will fill in the "points" for each section.**

## Overall Membership as of April 1 (completed by PPA) – Maximum of 60 points

- A. Total number of student members \_\_\_\_\_ **Points** \_\_\_\_\_  
(1 point per every 5 members)
- B. Total number of new members \_\_\_\_\_ **Points** \_\_\_\_\_  
(1 point per every new student from 9/1/16-5/1/17)
- C. Total number recruited: Students \_\_\_\_\_ /Pharmacists \_\_\_\_\_ **Points** \_\_\_\_\_  
(1 point per student member/ 5 points per pharmacist member recruited)
- D. Percentage of Membership to total enrollment based on only professional years (3 or 4) \_\_\_\_\_ **Points** \_\_\_\_\_
- E. Percentage of Membership to total enrollment of Pennsylvania Residents **Points** \_\_\_\_\_

## Conference Attendance (completed by PPA) – Maximum of 30 points

- A. 2016 Annual Conference Attendees \_\_\_\_\_ **Points** \_\_\_\_\_  
(1 point per attendee)
- B. 2017 Mid- Year Conference Attendees \_\_\_\_\_ **Points** \_\_\_\_\_  
(1 point per attendee)
- C. Number of Student Posers Presented \_\_\_\_\_ **Points** \_\_\_\_\_  
(3 point per poster presentation)

## Membership Drives – Maximum of 40 points

- A. Membership Activities and Events **Points** \_\_\_\_\_  
(10 points per event)

Event Description	
Date/Time	
Attendance	

**\*For additional events, please copy and insert blocks onto document or use additional sheets.**

**C. PPA Presentations**  
**(10 points per presentation)**

**Points** \_\_\_\_\_

PPA Staff  
 Verification

Date/Time & Staff Member		
Date/Time & Staff Member		

**Bonus Points (to be awarded by PPA)**

**A. Creative Membership Efforts**  
**(up to 25 points)**

**Points** \_\_\_\_\_

\*Please be as descriptive as possible. Points are earned based on the description and results of this activity. Photos of any and all membership activities may be included with submissions. Use additional paper if necessary.

**Total Points (completed by PPA)** \_\_\_\_\_

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

PPA Student Representative or Chapter President:

Name (printed)	
Signature	
Date	

Faculty Liaison:

Name (printed)	
Signature	
Date	

## Award

One award of \$200 will be presented annually. Winners will be announced at the Annual Conference. It is the policy of PPA that the award will be used to benefit the PPA Student Organization through future PPA events, club days, or membership drives.

If school is award recipient then please make check payable to:

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Please submit electronically no later than June 1<sup>st</sup> to the Pennsylvania Pharmacists Association at [ppa@papharmacists.com](mailto:ppa@papharmacists.com) and Ashley Robbins, Membership Coordinator, at [arobbins@papharmacists.com](mailto:arobbins@papharmacists.com)

**Thank you for completing this application form and for your involvement in PPA over the last school year.**