

WVSHP Student Scholarship Application

To be eligible for this scholarship, you must be in your 1st, 2nd or 3rd professional year and be a member of your student chapter of WVSHP. Previous winners are not eligible for the scholarship.

Applications are due January 28, 2010.

Name: _____

Expected Date of Graduation: _____

E Mail Address: _____

Phone Number: _____

Local Address: _____

Grade Point Average: _____

Enrolling School: _____

Poster Presentations/Publications: _____

Please describe how you have participated in your student chapter of WVSHP.

Briefly describe any community services involvement you have had since the beginning of pharmacy school. Please list the activity, the dates of participation, and your role in that service activity.

List any additional organizations of which you are a member. Please list the organization, the dates of participation, any leadership roles you may have held within the organization, and describe your participation in that organization (i.e. committee involvement, professional conferences, etc.).

Please attach a 250 word essay describing your ideal health care reform bill and how it would impact Hospital/Health Systems Pharmacy services provided to your patients. Return the completed application and essay to the following address postmarked no later than January 28, 2010.

WVSHP Student Scholarship, c/o Tara White, P. O. Box 4241, Charleston, WV 25364

This award will be given out April 10, 2009 at the WVSHP Spring Meeting in Charleston, WV. Attendance at the meeting is preferred and complimentary registration is provided.