

**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 \_\_\_\_\_**