

Oklahoma Society of Health-System Pharmacists
\$1,000 Scholarship Application

Name: _____

University: _____

Campus Address: _____

Permanent Address: _____

Telephone #'s: Campus: _____ Other: _____

E-mail address: _____

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 experience
- (5) State why you are deserving of this OSHP scholarship

Include a letter from the Dean's office which verifies that you are in good academic standing, and one letter or reference from someone other than a relative.

Date and sign your report/application and forward it to: michele-splinter@ouhsc.edu or Michele Splinter, University of Oklahoma HSC, P. O. Box 26901, OKC, OK 73126-0901.
Applications must be received by March 15.

Winners will be notified by April 1st. Scholarships will be awarded at the OSHP Annual Meeting.

Signature: _____ Date: _____