



**MAINE PHARMACY**  
ASSOCIATION

# Maine Pharmacy Association SCHOLARSHIP APPLICATION

**CONFIDENTIAL**

**DEADLINE:** September 12, 2022 (*Mailed applications must be postmarked by this date*) Mail application to: Maine Pharmacy Association, PO Box 5257, Augusta, ME 04332 -OR- Submit electronically to: [amy@mainepharmacy.org](mailto:amy@mainepharmacy.org).

## PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **High School Attended:** \_\_\_\_\_  
Last name First name MI

**Home Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## FAMILY BACKGROUND

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Number of Siblings:** \_\_\_\_\_ **Number presently attending college:** \_\_\_\_\_

## COLLEGE INFORMATION

**Name:** \_\_\_\_\_ **Projected Graduation:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

**Letter of Recommendation from:**  Faculty  Employer **Name:** \_\_\_\_\_

## FINANCIAL INFORMATION

**Estimated Total Educational Expenses for Next Academic Year:** \$ \_\_\_\_\_

**Family Contribution:** \$ \_\_\_\_\_ **Student Contribution:** \$ \_\_\_\_\_

**List all scholarships and other financial aid you have received or expect to receive:**

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

## **ADDITIONAL INFORMATION**

**Please tell us anything additional about yourself, your financial need, and/or any general information you would like us to know.**

## **SHORT PERSONAL ESSAY**

**Please write a short personal essay which incorporates the following points: 1) What made you choose pharmacy? 2) What have you experienced so far in your education/work background that confirms your decision to pursue pharmacy as a career? 3) In what setting do you hope to practice as a pharmacist? Please use additional pages if needed.**