



This application is for scholarships that will be awarded during **Fall 2013 and Spring 2014**.

Please complete all **three** pages and limit your answers to the boxes provided.

Student Name and USC Identification number

Cumulative GPA and year of graduation

Current employer and number of hours worked per week

List any other pharmacies where you have been employed.

List the pharmacies where you have interned.

1. Briefly describe an activity or experience that strengthened your commitment to become a pharmacist.

2. What area of pharmacy practice do you plan to pursue as a career and why?

I understand that I am being considered for a scholarship through the USC School of Pharmacy Scholarship Program. I know that this application may be made available to scholarship donors, faculty members or other designated people who may need to review it for the purpose of making a scholarship award decision during the 2013-2014 school year.

Signature

Date

Completed scholarship applications can be signed, scanned, and e-mailed directly to the School of Pharmacy Financial Aid Office at pharmfao@usc.edu , faxed to (323) 442-4287, or personally delivered to our office in PSC room 206A.

Thank you!