



This application is for scholarships that will be awarded during **Fall 2016 and Spring 2017**.

Please complete all three pages limiting your answers to the spaces provided. Remember to sign the application before submitting it.

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?

3. Are there any other areas of pharmacy that interest you?

4. List any School of Pharmacy organizations you are involved in and any positions you have held.

5. List any recent school activities in which you have participated.

6. Describe a leadership experience where you made a difference at school or in your community.

7. Is there anything else you would like us to know about you, including obstacles you have overcome to pursue your pharmacy education, or other information that you think we should know about you?

By typing my name in the field below, 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 2016-2017 school year.

Signature

Date

Completed scholarship applications can be e-mailed directly to the School of Pharmacy Financial Aid Office at pharmfao@usc.edu

Thank you!