

Capital Area Pharmacist Association Scholarship Application

The Capital Area Pharmacist Association will award up to two \$500 scholarships each year to an individual(s) who meets the established criteria. The use of the scholarship is non-restrictive. A committee assigned by the CAPA Executive Board will select the recipient(s). The scholarship will be awarded in October.

Scholarship Criteria

The applicant:

- Has a residence or is a resident in Ingham, Eaton, Clinton, or Shiawassee Counties
- Is in at least the 1st Professional year of the pharmacy curriculum when applying
- Has a GPA of 2.0 or above
- Provides a Letter of Recommendation from an individual associated with the profession of pharmacy (family member excluded)
- Completes and submits application material by established deadline



About CAPA:

The Capital Area Pharmacists Association, a component organization of the Michigan Pharmacist Association, represents the pharmacy profession in Mid Michigan, including Clinton, Eaton, Ingham and Shiawassee counties. The Association strives to advance public health and patient care and the interests of the pharmacy profession. The ultimate purpose is to encourage and support its members as professionals responsible for the delivery of patient-focused care. For more information visit capapharm.org.

**Please return the application, letter of recommendation, and proof of the above requirements by
November 1, 2019 to:
Sarah Eagleston, PharmD**

Sarah.eagleston@sparrow.org
Sparrow Hospital Inpatient Pharmacy
1215 East Michigan Avenue
Lansing, MI 48909

For questions, please email Sarah Eagleston at sarah.eagleston@sparrow.org, or Rachel Griffioen at rachel.griffioen@gmail.com.

Capital Area Pharmacists Association Student Scholarship Application

Instructions for Completing Application

1. Application is to be completed by applicant
2. Please type or print clearly. (Additional pages may be used if necessary.)
3. Attach the following to the application:
 - a. Proof of GPA (does not have to be an official transcript, unofficial transcripts or copy of recent grade report will suffice)
 - b. One letter of recommendation from an individual involved in the pharmacy profession (excluding family member).

Name:

E-mail Address:

Telephone Number: - -

Permanent Home Address:

City: State: Zip:

Temporary School Address:

City: State: Zip:

Name of College/University Attending:

Completion Date of Academic and Clinical Requirements:

Grade Point Average to Date:

How did you hear about the CAPA Scholarship program?

Why did you decide to attend pharmacy school?

Extracurricular activities and organizational offices held: (include specifically your role in each organization, community event, or activity).

Why do you feel you deserve this scholarship?

Where do you see yourself in 5-10 years?

I attest that the facts and information stated above in my application are true and complete. In the event I am awarded this scholarship, the Capital Area Pharmacists Association has my permission to use my name and or photograph in conjunction with a public announcement.

Name (signature):

Date:

This is an electronic signature.