



NDSU College of Pharmacy, Nursing,
and Allied Sciences
Native American Pharmacy Program

Please Read All Instructions Carefully

To apply you must:

1. Attach a copy of your certificate of tribal enrollment;
2. Request your high school or college to send official transcripts to NAPP;
3. Request the necessary letters of recommendation;
4. Answer all questions on the application that apply to you.
If not applicable, enter N/A;
5. Sign the form.

*Letters of recommendation:

Reference forms are attached

one personal reference and
one instructor/advisor reference

SEND APPLICATION: Native American Pharmacy Program
North Dakota State University
PO Box 6050, Dept. 2650
Fargo, ND 58108-6050
Telephone: (701-231-7601)



NDSU College of Pharmacy, Nursing and Allied Sciences

Native American Pharmacy Program
Application Form
Applicant Information

Please Print

Name: _____

Mailing Address: _____

City/State/Zip: _____

E-mail Address: _____

Telephone: Home: _____ Work: _____

Tribal Affiliation: _____

Marital Status: _____ Single _____ Married

Dependents: _____ No _____ Yes, ages: _____

High School Graduate: _____ No _____ Yes

Name Location Date of graduation
1. _____

Transfer Student: _____ No _____ Yes, List colleges attended:

Name Location Dates attended Degree
1. _____
2. _____
3. _____



NDSU College of Pharmacy, Nursing and Allied Sciences

Native American Pharmacy Program

Application Form

Applicant Information

Father's occupation: _____ Mother's occupation: _____

Education Level Completed: Father: _____ Mother: _____
(example: high school diploma = 12; one year college – 13; two years college = 14; etc.)

Size of Family Unit (Circle)	48 Contiguous States, D.C., and Outlying Jurisdictions (Circle)
1	\$15,600
2	\$21,000
3	\$26,400
4	\$31,800
5	\$37,200
6	\$42,600
7	\$48,000
8	\$53,400

List any hardship areas which indicate a disadvantage status

Ages of brothers: _____ Ages of sisters: _____

Please list Academic Honors, Extra Curricular activities, and Volunteer Work:

Please have your high school or colleges(s) submit Official Transcripts of grades to NAPP.

Applicant's Signature

Date



NDSU College of Pharmacy, Nursing and Allied Sciences

Native American Pharmacy Program
Letter of Recommendation

Your letter remains confidential if the student signs the following waiver.

I hereby waive my right to read the information in this letter and request that it remains confidential.

Applicant's Name (Please Print): _____

Applicants Signature: _____ Date: _____

In the space below or in a personal letter, please provide a letter of recommendation for the above named student who is applying for admission into the Native American Pharmacy Program at North Dakota State University. Please include comments on the student's honesty, dependability, maturity, intellectual skill, ability to get along with others and any other attributes you deem pertinent.

Signature: _____ Date: _____

Your name printed: _____ Telephone: _____

Your position: _____

Length of time you have known applicant: _____