

PFUW

F gcf rlpq<'O ct0!.'4235"

"Eqngi g'qh'Rj cto ce{.'P wt ukpi .'bpf 'Cnkgf 'Uelgpegu'"

4235/4236'Rj cto ce{'Uej qnctuj k'Cr r h e c v k q p

PART I STUDENT INFORMATION

Last Name _____ First Name _____ M.I. _____ Name Pronunciation _____

Permanent Street Address _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____

Male Female Student ID # _____

High School Name _____ Hometown _____ NDSU E-mail _____

Year in Professional Program for **Fall 2013**: P1 _____ P2 _____ P3 _____ P4 _____

PART II DEMOGRAPHICS

Are you a North Dakota resident? Yes No Are You a Minnesota resident? Yes No
 Are you a member of NDPhA? Yes No Are you an active NDSU ROTC member? Yes No
 Have you applied for Financial Aid? Yes No Are you the child of a Pharmacist? Yes No

PART III PROFESSIONAL/STUDENT ACTIVITIES

Please describe your involvement (office, committees, activities, etc.) for all organizations to which you are **CURRENTLY** a member.

Organization	Describe your involvement:
_____	_____
_____	_____
_____	_____
_____	_____

PART IV COMMUNITY/VOLUNTEER ACTIVITIES

Please describe community activities that you are **CURRENTLY** involved in both on-campus and off-campus. List any offices held, or projects you worked on and population served.

Organization	Involvement:	Check box(es) if you served these populations:
_____	_____	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Underserved
_____	_____	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Underserved
_____	_____	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Underserved

PART V EMPLOYMENT

Currently Employed _____
Name of Business _____ Hours per week _____
Name of Business _____ Hours per week _____

Previously Employed _____
Name of Business _____ Hours per week _____
Name of Business _____ Hours per week _____

PART VI CAREER GOALS

Please rank the following career goals from HIGHEST (1) to LOWEST (7) in terms of your career goals.

_____ Hospital or Health System	_____ Long-term Care or Skilled Nursing Facilities
_____ Community Practice (chain stores)	_____ Research
_____ Community Practice (independent)	_____ Other (specify) _____
_____ Research or Industry	

PART VII STATEMENT OF NEED

Some awards are based, in part, on the financial need of the applicant. If you would like to be considered for such an award, please provide a statement of need below.

PART VIII RESPONSIBILITY OF THE SCHOLARSHIP RECIPIENT

By checking the box below certifies that in the event I am chosen by the College Scholarship Committee to receive a scholarship award from the College of Pharmacy, Nursing, and Allied Sciences, I understand and accept responsibility as an award recipient to complete the following tasks:

- **Attend the scholarship information meeting prior to the Scholarship Recognition Program on Thursday, September 12, 2013 at 2:30 p.m.**
- **Attend the College of Pharmacy, Nursing, and Allied Sciences Scholarship Recognition Awards Ceremony on Thursday, September 12, 2013 at 3:00 p.m.**
- **Send a thank you letter to the donor.**
- **Review Scholarship Recognition Program Blackboard site.**

I understand that unless I fulfill these requirements, the scholarship offered by the College will be considered null and void.

By checking the box below also certifies that I have maintained good academic standing and upheld the student conduct policy. I also understand if I am currently in violation of the College conduct policy or under investigation, I am not eligible for scholarships. I give my permission to the Scholarship Committee to confirm all information on this application.

I understand the above terms of the scholarship process.

Scholarship Application Deadline: March 8, 2013
If you have questions, please call 701-231-7751 or 701-231-6461

Scholarships will be announced mid-August via e-mail.