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: one personal reference and one instructor/advisor reference

Reference forms are attached

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Date of graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Dates attended</th>
<th>Degree</th>
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<tbody>
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</table>
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.)

<table>
<thead>
<tr>
<th>Size of Family Unit (Circle)</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions (Circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$15,600</td>
</tr>
<tr>
<td>2</td>
<td>$21,000</td>
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<tr>
<td>3</td>
<td>$26,400</td>
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<td>4</td>
<td>$31,800</td>
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<td>5</td>
<td>$37,200</td>
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<td>6</td>
<td>$42,600</td>
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<td>7</td>
<td>$48,000</td>
</tr>
<tr>
<td>8</td>
<td>$53,400</td>
</tr>
</tbody>
</table>

List any hardship areas which indicate a disadvantage status

Ages of brothers: ______________________ Aages 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 ______________________
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): _________________________________________________________

Applicant's 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: ___________________________