



SCHOLARSHIP APPLICATION

This application form is to be used for **ALL** scholarships offered and awarded by the College of Pharmacy. In addition, it is essential that scholarship applicants **who are NOT part of the International Program** complete a FAFSA form available at: <http://www.fafsa.ed.gov>. Deadline for scholarships offered by the College of Pharmacy is May 31st. ***Note that other scholarships listed on the College website, but awarded by other sponsors, may have different deadlines.*** Late applications will not be considered. Return application to Scholarship Committee in the College of Pharmacy Administrative Offices.

Name _____
(Last) (First) (Middle)

NSU Student Identification Number/ N _____ Gender: M / F

Site (circle one): WPB DAVIE PONCE INTL

Permanent and/or Legal Address: _____
(Street)

(City) (County) (State) (Zip)

Local or Mailing Address: _____
(Street)

(City) (County) (State) (Zip)

Place of Birth: _____
(City/Town) (State) (Country, if other than U.S.A)

Anticipated graduation year: _____
Current Cumulative GPA (NSU College of Pharmacy Only) _____

****APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING ATTACHMENTS****

1. Resume and/or CV
2. Which Scholarship are you applying for? _____
 - a. On a separate page, in 250 words or less, please provide a rationale for your application, in correlation to the scholarship in which you are applying, including your career goals upon graduation (i.e. post-grad training, residency etc.).

****A COMPLETED APPLICATION IS *REQUIRED* FOR *EACH* SCHOLARSHIP YOU WOULD LIKE TO BE CONSIDERED FOR****

Student Signature: _____ Date: _____