

WestShore Pharmaceutical Association, Inc.

Application for Scholarship Grant Awards

Instructions: Please answer all questions. Use N/A if needed. Please **type or print clearly**. Use the back of the application or a separate sheet of paper if needed. Immediate family members of WSPA members are not eligible to participate in this program.

Submission deadline is **March 31, 2010** . Completed applications should be mailed to:

Edward King RPh, Scholarship Chairman
2634 Westmoor Rd, Rocky River, Ohio 44116

Name: (Last) _____ (First) _____

Home Address: _____

Home Telephone: (____) _____ - _____ ;

College Attending: _____

Years of Pharmacy School Completed: _____

Your Address at College : _____

Your Telephone at College : (____) _____ - _____ ; **Fax:** (____) _____ - _____

Your Email Address: _____@_____

Date of Anticipated Graduation: _____

In One Hundred Fifty (150) words or less, explain why you feel deserving of this Scholarship Grant.