

APPLICATION FOR SCHOLARSHIP

COMPLETE ALL SECTIONS:

Please Type or Print Clearly

1. Mr. Ms. Ms.

| | | | |
|-------------|--------------|---------------|-----------------|
| Last | First | Middle | (Maiden) |
|-------------|--------------|---------------|-----------------|

2. **Permanent**

Home Address: _____

| | | |
|-------------|--------------|------------|
| City | State | Zip |
|-------------|--------------|------------|

Home Phone: _____

| | |
|--------------------|---------------|
| (Area Code) | Number |
|--------------------|---------------|

3. **School Address:** _____

(If Different)

| | | |
|-------------|--------------|------------|
| City | State | Zip |
|-------------|--------------|------------|

4. **Social Security Number:** _____ 5. **Date of Birth:** _____

5. **E-Mail Address:** _____

6. **High School from which you were graduated:**

Name of School

| | | |
|-------------|--------------|------------|
| City | State | Zip |
|-------------|--------------|------------|

7. **Honors/Awards received or conferred while attending High School and College:**

8. **Current place of residence while attending college:**

_____ **On-campus** _____ **Off-campus**

9. **On a separate page, please explain why you believe you should be awarded a scholarship. If there are special circumstances that you think the Scholarship Committee should know about you, please describe them as well.**

10. **Pharmacy Work Experience:**

STUDENT AFFIDAVIT

I hereby certify that the information contained herein is correct and complete and that I will use the proceeds of any aid awarded only for payment of direct educational and other college-related expenses. I understand that conditions for receiving scholarship aid, from the NHSHP Scholarship Committee, are contingent upon maintaining satisfactory progress toward graduation and that failure to comply with these requirements could result in the revocation of any awards for the current school year.

Date

Applicant's Signature