



# Central Illinois Pharmaceutical Association

12221 WEST LANCASTER ROAD  
HANNA CITY, ILLINOIS 61536

## C.I.Ph.A/ W.C.S.of H.S. R.Ph.'s SCHOLARSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

AGE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

EXPECTED DATE OF GRADUATION: \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_

### REFERENCES:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Accompany this APPLICATION with a TRANSCRIPT of your last completed semester grades, together with a brief STATEMENT of your reasons for choosing the profession of pharmacy as a career.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_