



## SCHOLARSHIP/LOAN AGREEMENT APPLICATION

**APSC Foundation for Education & Research**

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**Frankfort, KY 40601**

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**[www.apscnet.com](http://www.apscnet.com)**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMAIL \_\_\_\_\_

PHARMACY SCHOOL \_\_\_\_\_ CLASS: 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_

ACADEMIC SCHOOL SCHEDULE \_\_\_\_\_

\_\_\_\_\_ SEMESTERS PER YEAR \_\_\_\_\_ SESSIONS/QUARTERS PER YEAR

Father's Full Name \_\_\_\_\_ Living? \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Living? \_\_\_\_\_

Number of Brothers & Sisters: Brothers \_\_\_\_\_ Ages \_\_\_\_\_

Sisters \_\_\_\_\_ Ages \_\_\_\_\_

High School Graduated From \_\_\_\_\_ Date \_\_\_\_\_

Total College Credit Hours Earned (including pre-pharmacy) \_\_\_\_\_

Pharmacy School G.P.A. \_\_\_\_\_

What special recognition, if any, have you received for excellence in pharmacy school or college work, such as honors, prizes or scholarships?

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Have you applied for or received Student Aid toward your college education? \_\_\_\_\_ If yes, from whom, and the amount: \_\_\_\_\_

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Please list organizations and activities you have been involved in during your time in college. List any and all offices or committees you have served in or any leadership roles you have taken in your time at college: \_\_\_\_\_

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What management experience, training or courses have you taken? \_\_\_\_\_

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Have you taken business management classes in college? \_\_\_\_\_

What skills do you have that would lead you to be a business owner or manager? \_\_\_\_\_

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Do you have a MBA? \_\_\_\_\_

Are you entitled to the benefits of the G.I. Bill? \_\_\_\_\_

Will it be possible for you to attend College without working and without financial aid?  
\_\_\_\_\_ (yes or no)

If you do not receive a scholarship, will you have to work to stay in school? \_\_\_\_\_ (yes or no)

How much have you saved toward your expenses? \_\_\_\_\_

Is any member of your family a pharmacist? \_\_\_\_\_ If yes, where did they receive their college degree? \_\_\_\_\_

What is their name? \_\_\_\_\_

Does any relative of yours own or operate a retail pharmacy? \_\_\_\_\_

If yes, give their name, address and name of pharmacy \_\_\_\_\_

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What branch of pharmacy do you intend to enter upon your graduation from a college of pharmacy? \_\_\_\_\_

**REFERENCES: (ADDRESS, TELEPHONE and EMAIL)**

What is the relationship of the reference to you?

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

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

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

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**TYPE A BRIEF STATEMENT WHY YOU THINK YOU SHOULD BE CONSIDERED FOR THIS SCHOLARSHIP. (This can be attached to the application)**



**PROPOSED BUDGET**

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Estimate costs and resources for this semester/sessions/quarter you are applying for only. List only those resources you are reasonably sure will be available for your use during this period.

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**COSTS**

- A. Tuition and required fees \$ \_\_\_\_\_
  - B. Books, instruction equipment and materials \_\_\_\_\_
  - C. Food/week \$\_\_\_\_x 16 weeks = \_\_\_\_\_
  - D. Room (or rent)/month \$\_\_\_\_ x 4 months = \_\_\_\_\_
  - E. Clothing/semester \_\_\_\_\_
  - F. Personal (cosmetics, haircuts, laundry, recreation, etc.) \_\_\_\_\_
  - G. Insurance premiums/4 months \_\_\_\_\_
  - H. Health (Medical, Dental, Drugs) \_\_\_\_\_
  - I. Automobile operating expense/week \$\_\_\_\_ x 16 weeks = \_\_\_\_\_
  - J. Payments on loans & charge accounts presently owned/month \$\_\_\_\_\_ x 4 months = \_\_\_\_\_
  - K. Other costs (itemize on separate sheets and attach) \_\_\_\_\_
- TOTAL COSTS \$ \_\_\_\_\_

**RESOURCES**

- A. From parents, or guardian \$ \_\_\_\_\_
  - B. Relatives or other individuals \_\_\_\_\_
  - C. From part-time work – 1 week \$\_\_\_\_ x 16 weeks = \_\_\_\_\_
  - D. From savings \_\_\_\_\_
  - E. From G.I. Benefits (or other Government Programs) \_\_\_\_\_
  - F. From other loans, Specify \_\_\_\_\_
  - G. From Grant-in-Aid \_\_\_\_\_
  - H. From Scholarships, Specify \_\_\_\_\_
  - I. From summer employment \_\_\_\_\_
  - J. Social Security or Welfare Aid \_\_\_\_\_
  - K. \*If married, weekly income of spouse \$\_\_\_\_\_ x 16 weeks = \_\_\_\_\_
  - L. Others \_\_\_\_\_
- TOTAL RESOURCES \$ \_\_\_\_\_

**EXPECTED DEFICIT (COST MINUS RESOURCES) \$ \_\_\_\_\_**

**If your budget does not balance, explain the shortfall. If scholarship funds requested from APSC exceed the amount needed to meet any shortfall in expenses, please explain what you plan to do with funds.**

\*Information about your spouse need not be revealed if you do not wish to have income of your spouse considered as a basis for repaying your loan.