



Pharmacy Summer Camp Scholarship Application 2020

Name:

First

MI

Last

Phone:

Email Address:

Mailing Address:

Street/PO Box

City/State/Zip

Gender:

Do you consider yourself to be of Hispanic / Latino Origin?

Ethnicity (Check all that apply)

Native American or Alaskan Native

Black or African American

White/Caucasian

Asian

Native Hawaiian or Pacific Islander

Parent / Guardian Name:

First

MI

Last

Parent / Guardian Phone:

Home

Cell

Work

Parent / Guardian Email Address:

Parent / Guardian Mailing Address (If Different from Above):

Street/PO Box

City/State/Zip

School Name:

School Address:

Street/PO Box

City/State/Zip

School Principal Name:

First

MI

Last

School Principal Phone:

Current GPA:

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Essay Prompt

In 500 words or less please tell us what might interest you in a career in the health professions.

Please attach your answer to the completed application form.

Please list a reference we can contact if necessary and attach their letter of recommendation

Reference Name:

First

MI

Last

Reference Phone:

Reference Email:

Relationship:

Title:

Thank for applying to the Notre Dame of Maryland University School of Pharmacy Summer Camp. Your completed application should contain the following:

1. This completed application
2. A response to the essay prompt
3. Your letter of reference.

To submit your application for the Pharmacy Summer Camp Scholarship, please email Dr. Matthew Shimoda at mshimoda@ndm.edu (include all required documents). If you have any questions regarding the application please contact Dr. Shimoda at the above email or call (410) 532-5505.

(Signature of applicant)

Date