

**Ephraim G. Sless Memorial Fund Scholarship Application**

**DEADLINE DATE: June 1st, 2024**

**Chairman: Joanna McCormack**

**INSTRUCTIONS:** Please type or print legibly and return by the deadline date of **June 1, 2024**. Consideration of late applications is not guaranteed by the committee. **Include an up-to-date transcript of your grades.** Kindly submit applications to the Memorial Fund Chairman at joannakmc101@gmail.com. If the applicant intends to mail a hardcopy application, please mark the outside of the envelope “Memorial Fund Application” and reach out to the Memorial Fund Chairman for the address. It is the applicant’s responsibility to confirm receipt of an application by the chairman. Selection of the recipients of scholarships is solely within the discretion of the Alpha Zeta Omega Pharmaceutical Fraternity, and the Ephraim G. Sless Memorial Fund Scholarship Selection Committee.

**ELIGIBILITY:** In order to be eligible to receive scholarship assistance, the applicant and his/her undergraduate chapter must be in good standing with the Supreme Chapter of the Alpha Zeta Omega Pharmaceutical Fraternity. The applicant must be an undergraduate and shall have the responsibility of confirming the status of both themselves and his/her chapter.

**PART I: Personal Information**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/Address of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Father’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number in Family Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number in Elementary/High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number in College: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Number of Siblings in Household & Working: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Gross Income** (to show financial need; please indicate any amounts from Social Security, disability, or other income):

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART II: Academic/Extracurricular Information**

**Name of Pharmacy School the Applicant Attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Major: ☐ Pharmacy ☐ Other; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List all honors and accomplishments that indicate good scholarship and list all school activities and clubs. *Specify major offices held in each. If additional space is needed, please type out on a separate page and submit with application.***

**PRE-PHARMACY YEARS**

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**PHARMACY YEARS**

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**COMMUNITY (List all activities, including major offices/responsibilities; this can be volunteer work; within churches or other local organizations)**

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**LEADERSHIP IN THE WORKPLACE (examples of involvement & leadership within jobs, internships, etc)**

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**Part III- Financial Information**

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| --- | --- |
| **PERSONAL INCOME** | **PERSONAL EXPENSES** |
| Cash on hand/savings |   | Tuition/Fees |   |
| Assistance from family |   | Books |   |
| Student’s anticipated earnings |   | Room and Board |   |
| Other (please specify) |   | Other (please specify) |   |
| Total Income |    | Total Expenses |   |

**Do you own your own car? ☐** Yes ☐ No

**Do you commute to school?** ☐ Yes (please specify method of transport: \_\_\_\_\_\_\_\_\_\_\_) ☐ No

**Where do you live?** ☐ Dormitory ☐ Apartment ☐ House ☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently receiving scholarships assistance?** ☐ Yes (list below) ☐ No

|  |  |  |
| --- | --- | --- |
| **Name of Scholarship** | **Years** | **Amount of Scholarship** |
|    |   |   |
|    |   |   |
|    |   |   |

**Have you applied for any other scholarships in 2024?** ☐ Yes (list below) ☐ No

|  |  |
| --- | --- |
| **Name of Scholarship** | **Amount of Scholarship** |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |

**Part IV- Statement of Intent**

Please provide a statement of intent for the Scholarship Committee’s consideration. The statement of intent should be limited to a maximum of 2 paragraphs:

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**Part V: Additional Information**

Please include any additional information that you would like the Scholarship Committee to know:

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**Part V: Acknowledgement**

I hereby certify that the above information is true and correct and authorize the Alpha Zeta Omega Pharmaceutical Fraternity to investigate any information provided in this application and to contact the appropriate persons and entities names. I further agree to provide additional confirmation of information contained in this application upon request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date