

STANLEY M. REINHAUS FAMILY FOUNDATION

Scholarship Application

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

In what area of pharmacy do you plan to practice upon graduation? \_\_\_\_\_

In what state do you plan to practice upon graduation? \_\_\_\_\_

Current place of employment: \_\_\_\_\_ Hours/Week \_\_\_\_\_

Briefly describe any work experience that you have had in pharmacy. \_\_\_\_\_

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

Add an additional page on why you want to be in Pharmacy.

Is spouse a student and/or employed? \_\_\_\_\_ School and, or Employer: \_\_\_\_\_

Student organizations and other extracurricular professional activities in the College of Pharmacy:

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

Have you submitted a financial aid application with the Office of Student Financial Aid? \_\_\_\_\_

Do you have any outstanding academic loans? \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Type: \_\_\_\_\_

Briefly describe, any special financial needs or circumstances that the Selection Committee should consider.

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

Estimated Monthly Income and Expenses for the *Academic Year*:

<b>Monthly Income</b>		<b>Monthly Expenses</b>	
Personal Income.....	\$ _____	Rent and Utilities.....	\$ _____
Spouse Income.....	\$ _____	Food and Personal.....	\$ _____
Parental Support.....	\$ _____	Transportation.....	\$ _____
Transportation Scholarships.....	\$ _____	Health Insurance.....	\$ _____
Academic Loans.....	\$ _____	Child Care.....	\$ _____
From Summer Earnings/Savings.....	\$ _____	Other Expenses (Explain).....	\$ _____
Total Monthly Income.....	\$ _____		
		Total Monthly Expenses.....	\$ _____

I certify that the statements on this application are complete and accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_