

Alachua County Association of Pharmacists (ACAP)
Criteria for ACAP Scholarship 2024

Criteria below are guidelines only. The final choice of recipient(s) will be the decision of the ACAP Scholarship Committee.

1. An amount up to \$1,000 will be awarded annually based on funds available and qualifications of the applicants.
2. Deadline: Applications must be received by March 31, 2024:
Submit to: ACAP Scholarship 2023
c/o William Garst
11327 NW 60th Terrace
Alachua, FL 32615
OR
Electronic submissions titled “ACAP Scholarship 2024” to williamgarst@gmail.com
3. Sponsor:
 - A. Any active ACAP member may sponsor an applicant.
 - B. Only one applicant per sponsor per year
 - C. Members may sponsor self.
4. Recipient:
 - A. Preference will be given to an ACAP member or a dependent of an ACAP member.
 - B. Second priority will be given to a relative of an ACAP member.
 - C. Full-time students recommended by an active ACAP member (if a student is an ACAP member they can sponsor themselves)
5. University:
 - A. Priority will be given to UF pharmacy students.
 - B. Other universities or community colleges will be considered.
6. College (field of study):
 - A. Priority will be given to pharmacy students.
 - B. Other medical fields will be considered such as medicine, dentistry, nursing, veterinary medicine (not necessarily in this order)
 - C. Secondary priority will include any other full-time student.
7. The Application: Please complete the requested information accurately. You must be a full-time student in good standing (not on probation) with a minimum course load of 12 hours.

The scoring criteria will take into consideration the following: 1.) applicants’ relationship to an ACAP member 2.) seniority in school, 3.) activity in extracurricular activities: organizations and/or civic 4.) GPA. **Please make sure your application and CV contain this information.**

Student Information

(Please type or print clearly)

Date: _____ Relationship to Sponsor: _____

Name: _____

Local address: _____

Contact Telephone: _____

Permanent address: _____

Overall GPA: _____ Present Classification: _____

Expected date of graduation: _____

E-mail: _____

Student Activities

All pertinent information you provide concerning your activities, as a student in college and outside activities, will be helpful to the Scholarship Committee in their selection. (Be sure to include if you are a member of ACAP).

On a separate document, please provide a CV that includes the following:

1. *Work experience*: employer names, type of work, dates, etc.
2. *Extracurricular activities*: names of organizations, positions held, activities, dates, etc.
3. *Honors received*: scholarships, awards, certificates, sponsoring organizations, dates, etc.
4. *Community service and other information*

Directions: Please send the completed application and student activities document to the Scholarship Committee by the specified date.