

**2018-2019 Molly and Max Blank Scholarship Application**

The Molly Blank Fund was established after Molly Blank’s passing in 2015 at the age of 99. The Fund continues to support the causes and organizations in which Molly Blank believed. In 2017, the Fund established the Molly and Max Blank Endowment at the UGA College of Pharmacy. The purpose of this endowment is to provide emergency funding (at the Dean’s discretion) to alleviate financial duress that may impede students from completing their pharmacy studies. Mrs. Blank’s values can be summed up in a statement she often made, “Everything we strive to in life is a gift. It’s our responsibility to share it, to give back to the world.”

Learn more about the Molly Blank Fund at <https://blankfoundation.org/initiative/the-molly-blank-fund/>

**Eligibility and Instructions:**

* The Molly and Max Blank Scholarship will serve to help alleviate the financial burdens that may impede students from entering or completing their studies at the UGA College of Pharmacy.
* All UGA College of Pharmacy students (undergraduate, graduate and PharmD) with *financial need* are eligible to apply for the Molly and Max Blank Scholarship. For the 2018-2019 academic year, the College of Pharmacy intends to award approximately seven (7) scholarships (amount ranging from $2,000-$5,000), totaling $20,000. Incoming PharmD students (entering in fall 2019) who have submitted their seat deposits are also eligible to apply.
* For current UGA students, scholarship funds will be applied to the spring 2019 semester. For incoming PharmD students, funds will be applied to the fall 2019 semester.
* Please complete all information requested on the scholarship application and submit additional material as noted in the application. Review the checklist to ensure all required items are submitted.
  + **Note**:
    - Incomplete applications will not be considered.
    - Hand-written applications will not be accepted.
    - All items must be legible.
* Applicants must submit:
  + Updated curriculum vitae (CV), resume or activity sheet. *It should include achievements, employment, extracurricular, volunteer and professional experiences.*
  + 2018-2019 financial aid award summary
* Please return the completed scholarship application, along with supporting information, electronically to Dr. Duc Do, Assistant Dean for Student Affairs, at [duc.do@uga.edu](mailto:duc.do@uga.edu). Hard copies of applications will not be accepted.
* The submission deadline for the scholarships is Monday, December 3, 2018 by 11:59 P.M. Late submissions will not be accepted.
* If you have any questions regarding the scholarship, please contact Dr. Do at [duc.do@uga.edu](mailto:duc.do@uga.edu).

APPLICANT INFORMATION

|  |  |
| --- | --- |
| **Last Name:** |  |
| **First Name:** |  |
| **Middle / Maiden Name:** |  |
| **UGA ID #** *(if applicable)***:** |  |
| **Telephone #:** |  |
| **E-mail Address:** |  |

*Please note that all correspondence regarding scholarship awards will be conducted via e-mail.*

CURRENT ADDRESS

*This address should reflect where you will be living during the school year.*

|  |  |
| --- | --- |
| **Street / Apt #:** |  |
| **City:** |  |
| **State:** |  |
| **ZIP:** |  |

PERMANENT ADDRESS

*Leave blank if address is the same as the listed current address.*

|  |  |
| --- | --- |
| **Street / Apt #:** |  |
| **City:** |  |
| **State:** |  |
| **ZIP:** |  |

PERSONAL INFORMATION

Gender or Sex

Please specify your ethnicity.

Are you a U.S. Citizen?

□ YES □ NO

Are you an International Student?

□ YES □ NO

Are you a RESIDENT of the State of Georgia?

□ YES □ NO

*If yes, indicate county of residence.*

EDUCATION INFORMATION

Current Degree Program *(as of fall 2018)*

*(e.g., Pre-Pharmacy, Intended BS, BS, Graduate, PharmD)*

Current GPA

*Please note that your GPA will be officially reviewed and updated prior to any scholarship award.*

What are your career aspirations?

Have you received a professional, academic, and/or research violation(s) within the past 12 months? *If you answered “yes”, provide a detailed explanation.*

□ YES □ NO

FINANCIAL INFORMATION

Have you completed a Free Application for Federal Student Aid (FAFSA) application for the 2018-2019 academic year?

□ YES □ NO

*Submit a copy of your 2018-2019 academic year financial aid award summary. Provide justification if a financial aid award summary is not available.*

PERSONAL STATEMENT

*Provide a personal statement, in 500 words or less, explaining why you should be considered for this need-based scholarship. If applicable, describe any special life circumstances. These include but are not limited to financial need, cultural background or overcoming adversity.*

AGREEMENT

*Please be sure to check all your responses before submitting this application. Once you have completed the application, read the statement below and provide your agreement.*

*“By affixing my signature and the date below and by submitting this application, I certify that all the information provided on this application is correct to the best of my knowledge. I also understand that it is my responsibility to insure all additional materials are submitted by the deadline in order to be considered for the scholarship.”*

Signature

**Date**

**APPLICATION CHECKLIST**

*Please check each of the following before submitting your application:*

* **Complete application**

* **Updated curriculum vitae (CV), resume or activity sheet** 
  + *It should include achievements, employment, extracurricular, volunteer and professional experiences.*
* **2018-2019 academic year financial aid award summary**
  + *For current UGA students, you should be able to access your award summary on Athena.*
  + *For incoming PharmD students (students entering in fall 2019), you can submit the award summary from your current academic institution.*