

University of Georgia
College of Pharmacy
Dean Stuart Feldman Summer Science Institute
Scholarship Application

Scholarship Application deadline date is Friday, March 15, 2019

1. **DEADLINE** for scholarship applications is Friday, March 15, 2019, at 5:00 PM (**NO EXCEPTIONS**)
2. If any question does not apply to you in this application, please put N/A in the space.
3. Type or print legibly. Illegible applications will be returned to you.
4. You will be notified by phone or mail in May regarding the status of your application.
5. If you have any questions about the application, please call Dr. Vivia Hill-Silcott at 706-542-6466 or email vhsilcot@uga.edu

Program description:

The Dean Stuart Feldman Summer Science Institute is designed to provide an introduction and overview of the many career opportunities, which are available in the pharmacy profession. The six-day summer program exposes high school students to classroom and laboratory experiences, and provides components of what students should expect from the college experience.

FINANCIAL ASSISTANCE is based on financial need; scholarships are awarded provided funds are available.

Return Completed Application to:

Vivia Hill-Silcott, Ph.D.
Director of Diversity Programs, Academic Support,
and Dean Stuart Feldman Summer Science Institute
University of Georgia
College of Pharmacy
Athens, GA 30602



UNIVERSITY OF
GEORGIA
College of Pharmacy

**Application 2019 must be filled out by applicant.
Dean Stuart Feldman Summer Science Institute
Scholarship Application**

Please check one of the following: Athens Resident _____ Georgia State Resident _____

Please type on a separate sheet or print your answers below. If application is illegible it will be returned to you.			
1	Last Name: _____ First Name: _____		
2	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____		
3	Daytime Telephone Number: () _____ Email address: _____		
4	<table border="1"> <tr> <td>Current High School: _____</td> <td>Number of years attended HS: _____</td> </tr> </table>	Current High School: _____	Number of years attended HS: _____
Current High School: _____	Number of years attended HS: _____		
5	I will be attending the following school in the <u>Fall of 2019</u> : _____ Address/ Phone _____		
6	What year will you enter school? Freshman Sophomore Junior Senior		
7	Will you be a full time student? _____		
8	Will you work while in school? _____ If so, where will you work and how many hours will you work? _____		
9	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA; your most recent official school transcript required.		

10	<p>ACT Score: _____</p> <p>Or</p> <p>SAT Score: _____</p> <p>A copy of your ACT or SAT score sheet on official high school transcript is required.</p>
11	<p><u>Parent/Guardian Information</u></p> <p>Name & address of parent or legal guardian: _____</p> <p>Street: _____ City: _____ State: _____ ZIP: _____</p> <p>Occupation _____</p> <p>Name of Employer _____</p> <p>College (if any) _____</p> <p>Degree _____ Year _____</p> <p>Graduate School (if any) _____</p> <p>Degree _____ Year _____</p> <hr/> <p>Name & address of parent or legal guardian: _____</p> <p>Street: _____ City: _____ State: _____ ZIP: _____</p> <p>Occupation _____</p> <p>Name of Employer _____</p> <p>College (if any) _____</p> <p>Degree _____ Year _____</p> <p>Graduate School (if any) _____</p> <p>Degree _____ Year _____</p>

Please list the following information on a separate sheet if needed.

16	<p>SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.</p>
----	---

17	AREA OF STUDY: What do you want to study and why?
18	ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.
19	RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date.
20	GOALS: What are the short and long term goals for your life?
21	NEED: Please explain your need for the Housing Scholarship
22	CAREER PLANS: What are your career plans and what would you like to be doing in 10 years?

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true, correct and without forgery
I hereby understand that if chosen as a scholarship recipient, I will abide by all the rules and regulation of the University Of Georgia Summer Housing Program.

Signature of scholarship applicant: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

**The deadline for this application to be received by
The College of Pharmacy at The University of Georgia is
Friday, March 15, 2019 at 5:00 PM (NO Exceptions!)**