

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

Scholarship Application deadline date is Friday, March 13, 2020

1. **DEADLINE** for scholarship applications is Friday, March 13, 2020, 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 2020 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 _____
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Please <b>type on a separate sheet</b> or <b>print</b> 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 2020</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 <b>official</b> school transcript required.		

10	ACT Score: _____  Or  SAT Score: _____  A copy of your ACT <b>or</b> SAT score sheet on official high school transcript is required.
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11	<p><b><u>Parent/Guardian Information</u></b></p> <p>Name &amp; 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 &amp; 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>
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**Please list the following information on a separate sheet if needed.**

16	<p><b>SCHOOL EXTRA-CURRICULAR ACTIVITIES:</b> Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.</p>
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17	<b>AREA OF STUDY:</b> What do you want to study and why?
18	<b>ORGANIZATIONS:</b> 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	<b>RECOGNITIONS:</b> Please list important awards and recognitions received. Note organizations presenting honor and date.
20	<b>GOALS:</b> What are the short and long term goals for your life?
21	<b>NEED:</b> Please explain your need for the Housing Scholarship
22	<b>CAREER PLANS:</b> 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 13, 2020 at 5:00 PM (NO Exceptions!)**