**GSOP Scholarship Application Form**

**for the**

**Dr. and Mrs. Jeffrey D. Lewis Award for Practice Innovation and Entrepreneurship**

**Academic Year 2020-2021**

*It is important to note that all scholarships/awards are not guaranteed as they are based on anticipated funding received from the donor. Actual funding may vary or not be offered from year to year; scholarships are subject to change based on the availability of funds.*

Name:

 First Last

PBA Student ID #:

Address:

 Address City State Zip

County: Phone:

Current Year in Pharmacy School: 🔾 P1 🔾 P2 🔾 P3 🔾 P4

Ethnicity: 🔾American Indian or Native Alaskan 🔾Asian 🔾Black or African American

 🔾Native Hawaiian or Other Pacific Islander 🔾Caucasian 🔾Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you fluently speak 2 or more languages? 🔾 Yes 🔾 No

If yes, list fluent spoken languages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Fluent means a person has mastered the language and is capable of using a language easily and accurately, both orally and in writing. A fluent speaker can participate in extended conversations, understand the language when spoken normally [on TV, radio, film, etc.], figure out meaning of words within context, debate, and use/understand complicated grammatical structures with little or no difficulty. Has good accent and understands dialects with slight-to-moderate difficulty.)*

**Award description:**

**Dr. and Mrs. Jeffrey D. Lewis Award for Practice Innovation and Entrepreneurship:**Awarded to a graduating student who is positioning her/himself to engage in an innovative and entrepreneurial professional practice initiative that will require a significant investment of personal financial resources.  The intention of this scholarship is to spur and support innovation and entrepreneurism among our graduates.  Interested applicants must submit a written summary of their planned initiative which includes, but is not limited to: a general description of the practice initiative; a statement demonstrating its innovative and entrepreneurial nature; a statement regarding the manner in which the initiative will uniquely serve the needs of patients (or others); a timeline for initiative actualization; a summary of the financial resources required to execute the initiative (a summary of the business plan would be preferred); and a statement regarding any business partners that will be joining the applicant in the initiative.
Applications and accompanying documents will be reviewed by an internal committee and the recipient will be notified at the April All School Assembly.  **Completed applications and all accompanying documents must be received by March 1st.**

**Completed application packet must include:**

* **Completed Award application form**
* **All supporting documents as outlined in the description above**
* **Updated .pdf version of your current curriculum vitae CV**
* **.pdf copy of your unofficial transcript**

**Please submit complete application packet via email to** Jeff\_Snow@pba.edu