Department of Chemistry STITES Pre-pharmacy Scholarship

Application

Application should be returned to: Department of Chemistry, 214 Currens Hall, Western Illinois University, One University Circle, Macomb, IL 61455. Phone: 309/298-1538. FAX: 309/298-2180

Please print or type information, or follow application format using a computer.

Legai name	Last	First	Mid Init
WIU I.D. Number		Date of Birth:	
Permanent Res	ident Address:	-	
City	County and Township	State	Zip
•	ephone: Area Code/Number:_		
T CHILATICHE TOR	priorie: Area oode/italiiber:_		
email:			
Optional Inform	nation: Used for statistics only Male Female		
Optional Inform Gender: Ethnic Or Native Am	nation: Used for statistics only Male Female igin: (Multi-Ethnic students shoul erican/Alaskan Native Wr-Hispanic Asian or Pacific	d check all that appl nite/Non-Hispanic	ly)
Optional Inform Gender: Ethnic Or Native Am Black/Non Hispanic _ Citizenship State	nation: Used for statistics only Male Female igin: (Multi-Ethnic students shoul erican/Alaskan Native Wr-Hispanic Asian or Pacific	d check all that appl nite/Non-Hispanic Islander	ly)
Optional Inform Gender: Ethnic Or Native Am Black/Non Hispanic _ Citizenship Statu	nation: Used for statistics only Male Female igin: (Multi-Ethnic students shoul erican/Alaskan Native Wr -Hispanic Asian or Pacific us: US Citizen Reside	d check all that appl nite/Non-Hispanic Islander	ly)

Note: A letter of recommendation from your CHEM 331 and 332 instructor & another math or science teacher, should be attached to the completed application.

6.	Academic Major at WIU:						
7.	Academic Minor: Anticipated WIU Graduation Date :						
8.							
9.	Have you applied for the Univ. of IL-Chicago College of Pharmacy Articulation Program?Yes No						
10:	Awards and Activities at WIU: List all WIU awards and extra-curricular activities you participated in. (Use extra pages if needed)						
	Award/Honor:		Organization:				
	of organization	Your role	` '	this activity			
12.	List all employment	t/jobs held during	the past two year	rs:			
Name	of employer:	Job Descrip		Hours/week			
13.	Describe your inter			if needed)			
14.	Which Pharmacy School do you wish to attend after WIU?						
15.	Student's signature: (Must sign and Date) I certify that the information given on this application is true, and agree that any false information will result in termination of scholarship.						
			Dat	e:			