



EPIC Pharmacies, Inc. Student Grant

EPIC Pharmacies is pleased to support future independent pharmacists through \$1,000 pharmacy student grants.

Eligibility

A student must:

- Be enrolled as a P1, P2, P3, or P4 student and in good standing at a U.S. school or college of pharmacy
- Have the intention to practice in an independent pharmacy upon graduation
- Be recommended by an EPIC Pharmacy owner

Application and Deadline

- Applications are available at all EPIC Pharmacy locations
- Find the nearest EPIC Pharmacy at www.epicrx.com or by calling 800-965-EPIC
- Applications and all accompanying documents must be returned to the EPIC Pharmacies corporate office no later than June 30 of the current year. Documents may be emailed to epicpharmacies@epicrx.com or faxed to 410-567-0970.

Review Process

The scholarship committee will consider:

- Information as supplied on the application form
- Essay answers supplied with the application form
- Letters of recommendation
- Financial need

General Terms and Conditions

By participating, applicant agrees that, if he or she is awarded a grant by EPIC Pharmacies, then EPIC Pharmacies and its affiliate or subsidiary companies may use and disclose his or her name, address (city or neighborhood name and state only), likeness, biographical information, school attending and the grant awarded for promotional purposes in any medium without additional compensation to the extent permitted by law.

Please complete application on other side.

EPIC PHARMACIES STUDENT GRANT APPLICATION

Name _____ Phone _____

Address _____

Email _____ Expected Graduation Date _____

College of Pharmacy Attending _____

Student Status P1 P2 P3 P4 GPA _____

Have you applied for financial aid? Yes No

Two letters of recommendation are required. One letter must be from an EPIC Pharmacy owner, and the other letter must be from a college official (i.e., *dean, faculty advisor, professor, etc.*).

Answers to the following must be attached to this application.

Give a brief statement of your career plans and goals. *(Please describe)*

List any pharmacy-related employment.

List any professional service activities.

List any honors, awards, etc. that you have received since entering pharmacy school.

List any scholarships and their dollar amounts that you have received since entering pharmacy school.

In a brief essay, please explain why you want to pursue independent pharmacy as a career. What does independent pharmacy mean to you?

Please provide any additional information that you would like for the scholarship committee to consider.

Attach all documents to this application and return to the EPIC Pharmacies corporate office no later than June 30 of the current year.

Name

Signature

Date

Grant recipients will be selected by the scholarship committee and notified by U.S. mail no later than November 4 of the current year.