

WESTCHESTER COUNTY SOCIETY OF HEALTH - SYSTEM PHARMACISTS, INC.

JOEL YELLIN
ANNUAL STUDENT SCHOLARSHIP AWARD
2006



This scholarship consists of a \$1,000 award and 1 year membership to the New York State Council of Health-System Pharmacists and the Westchester County Society of Health – System Pharmacists (WCSHP).

To be eligible for this scholarship the applicant must be in the fourth or fifth year of the Pharmacy curriculum and the student must either reside or work in the county of Westchester or Bronx. If a student is selected for this scholarship in the fourth year, the student may apply again in the fifth year.

The application for this award must be received by April 30, 2005. This award shall be presented at the dinner for the installation of the officers of the board of WCSHP in June of 2005. The recipient of the award is invited to attend the dinner and may bring a guest.

Name of the Applicant: _____ Date: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Phone/Cell: _____ Email: _____

School of Pharmacy: _____ Expected Month/Year of Graduation: _____

4th Year 5th Year

Please list any professional pharmacy organizations of which you are currently a member and position(s) held:

Please include the following:

- A resume or biographical essay that includes employment history, professional experience, extracurricular activities and reasons for choosing pharmacy as a profession.
- Recommendation by an instructor or administrator of the University.
- Documentation of grade point average. A copy of student transcript is acceptable.

Application must be received **before April 30, 2006**. Send completed application and additional documentation to:

James McCarthy
838 Pelhamdale Avenue
New Rochelle, NY 10801
Apt. 2R

AFFILIATED WITH THE NEW YORK STATE COUNCIL OF HEALTH-SYSTEM PHARMACISTS

Website: www.nyschp.org , E-Mail: nyschp@aol.com