**CRITERIA FOR SCHOLARSHIP**

Thank you very much for establishing an APSA scholarship. Please determine the parameters of your scholarship by providing the following information:

SCHOLARSHIP TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SCHOLARSHIP AWARDER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOLARSHIP AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARAMETERS:

1. Country of Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N/A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of Recipients \_\_\_\_\_\_\_\_\_\_\_\_ N/A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Tribe \_\_\_\_\_\_\_\_\_\_ Ethnicity\_\_\_\_\_\_\_\_\_ Social Group\_\_\_\_\_\_\_\_\_\_ N/A \_\_\_\_\_\_\_\_\_
4. Active Participation in APSA: Yes\_\_\_\_\_\_\_\_\_ N/A \_\_\_\_\_\_\_\_\_\_\_\_\_
5. Professional Level: P1 \_\_\_\_ P2 \_\_\_\_\_\_\_\_ P3 \_\_\_\_\_\_\_\_\_ P4 \_\_\_\_\_\_\_ N/A \_\_\_\_\_\_\_\_
6. Marital Status: Married \_\_\_\_\_\_\_ Single \_\_\_\_\_\_\_\_\_\_\_ N/A \_\_\_\_\_\_\_\_\_
7. Proficiency in : Pharmacology \_\_\_ Pharamaceutics \_\_\_\_ Therapeutics \_\_\_\_\_\_

Medicinal Chemistry \_\_\_\_ Pharmacy Management \_\_\_\_ N/A \_\_\_\_

1. Intended Area of Practice: Retail \_\_\_\_ Hospital \_\_\_\_ Industry \_\_\_ Academia \_\_\_\_

Other ( Please specify ) \_\_\_\_\_\_\_\_\_\_

1. Essay Required? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please state topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Miscellaneous ( Please specify ): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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