



The FOSRX/FAST Pharmacy Scholarship Application: 2018

Factor One Source FAST Pharmacy will begin accepting submissions May 1st of 2018 for the upcoming school year. Applicants must be affected by a condition specified in each tier (family members of someone with a condition are not eligible). Applicants are not required to be patients of FOSRX/FAST, but must be residents of the United States of America.

All submissions are to be sent to **contact@fosrxfast.com** in one email, preferably in one combined attachment by June 1, 2018. Applications will be reviewed by committee during the summer, and notified of results in July. All applicants are subject to follow up questions during the selection process if the committee sees fit. References may/may not be called during that time as well. Winners will be sent checks immediately after all follow-up scholarship requirements have been met.

Platinum \$5,000:

Must be affected by a bleeding disorder (ie: hemophilia, rare factor deficiency, VWD).
Must have 3.8 GPA or higher to apply.
Preference given to those interested in science, healthcare, medical, and pharmacy fields.
Looking for outstanding students with a variety of talents and extracurricular interests.

Gold \$2,500:

Must be diagnosed with an immunodeficiency (CIDP/IVIg patients).
Must have 3.5 GPA or higher to apply. Preference given to those interested in science, healthcare, medical, and pharmacy fields.
Looking for outstanding students with a variety of talents and extracurricular interests.

Silver \$1,000:

Must be affected by any complex or chronic condition treated by FOSRX/FAST (see website's "Treated Conditions" page for eligibility).
Must have a 3.2 GPA or higher to apply.
Looking for outstanding students with a variety of talents and extracurricular interests.

Complete Submissions Include:

- Signed and completed application
- Most recent copy of transcript
- Photograph of applicant (must own copyright)

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Which Scholarship* Tier Are You Applying For (Platinum, Gold, or Silver)?

*Please note that if you are not eligible for scholarship tier you apply for, your application will be dismissed during the process without further review. Bleeding disorder and Immunology patients who do not meet the GPA requirements for Platinum/Gold are still eligible to apply for Silver. **Only select one tier.**

We judge applicants based on eligibility, experience, trajectories, financial need, and personal essays.

Full Name:	Email:
Mailing Address:	Qualifying medical condition(s):
Phone Number:	Date of Birth:
Cumulative GPA (on 4.0 scale):	Name of college/university attending:
Has completed (check all that apply): <input type="checkbox"/> High school/GED equivalent <input type="checkbox"/> 1 or more years of college <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> 1 or more years of graduate school	Work experience, qualifications:
Volunteer Experience	List any academic honors, awards, etc.:
List declared major and minor:	List hobbies, interests, passions:
Reference #1 (include name, relationship, and phone number):	Reference #2 (include name, relationship and phone number):

Help us get to know you better. Please tell us (in no more than 500 words) relevant information about who you are in the box below. Examples: how your diagnosis has impacted your life, how you serve your community, how this scholarship will benefit you, what are your dreams and plans for the future, etc. In a nutshell, tell us your story and what sets you apart.

Personal Essay:

How did you learn about the FOSRX/FAST Pharmacy Scholarship? _____

APPLICANT AGREEMENT:

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the FOSRX/FAST scholarship program. (Winner may waive photo due to unusual or compelling circumstances.) Winners will be asked to submit additional information and photos upon request.

I hereby understand that if chosen as a scholarship winner, according to the FOSRX/FAST Scholarship policy, it is my responsibility to use all scholarship funds toward furthering the education through private or public college/university listed above.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____

Date: _____

STATEMENT BY PHYSICIAN

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to FOSRX/FAST.

I hereby affirm that _____ (name of applicant) has been diagnosed with _____, and that I oversee this patient.

Signature of physician submitting the application: _____

Date: _____

Contact information (email and phone): _____

Clinic or hospital name: _____