

**The University of Houston Foundation
WALGREEN'S DIVERSITY SCHOLARSHIP
AT THE COLLEGE OF PHARMACY**

Eligibility Requirements:

1. Must have and maintain a minimum of 2.5 cumulative GPA on a 4.0 scale for continued eligibility.
2. Student must be in the second, third or fourth year of the Pharm. D. program.
3. Must submit a **ONE PAGE ESSAY** that includes the following:
 - How the student represents a diverse group or underrepresented minority.
 - What is the interest in community pharmacy.
 - How the scholarship would be of financial benefit and why it's deserved.
4. Student may not have previously received the Walgreens Diversity Scholarship.
5. Student must sign the attached Talent Release Form.
6. **COMPLETED AUTHORIZATION FORM MUST ACCOMPANY APPLICATION.**

Print Legibly

Legal Name: _____
Last First Middle

Current Address: _____
Street, Apartment, or P.O. Box City, State, Zip

E-mail address: _____ Date of Birth: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Academic data:

UH Classification for upcoming Fall semester: _____ P2 _____ P3 _____ P4

MAJOR: _____ Cumulative GPA at UH: _____

Credit hours enrolled in upcoming Fall semester: _____ Anticipated Graduation date: _____
(Mo/Yr)

Has the Walgreens Diversity Scholarship been received before? Yes _____ No _____

Organizations, Activities, Awards & Honors (list only the best. Do not attach an additional sheet)

<u>Year</u>	<u>Organization/Activity</u>	<u>Special Awards/Honors/Offices Held</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

I hereby certify that all information reported on this application is true and accurate to the best of my knowledge.

(Signature)

(Date)

MAIL APPLICATION TO:
UNIVERSITY OF HOUSTON FOUNDATION
4543 Post Oak Place, Suite 250
HOUSTON, TEXAS 77027

Applications that are emailed, faxed or incomplete will not be accepted.

For further information call the University of Houston Foundation, 713-622-6061

UNIVERSITY OF HOUSTON FOUNDATION
INFORMATION AUTHORIZATION FORM

REQUIRED

Because of the recently-enacted Privacy Act, the University of Houston must have your written permission to release your Grade Point Average and hours of enrollment to the University of Houston Foundation. The UH Foundation needs to verify these in order to award the scholarship funds to your student account.

I give permission to the University of Houston to release to the University of Houston Foundation my grade point average for the most recently-completed semester, as well as my overall grade point average and hours of enrollment.

PRINTED NAME

(signature)

(date)

(student ID number)

OPTIONAL

The University of Houston Foundation must have your permission to release application information to the scholarship donor.

I give permission to the University of Houston Foundation to give my name to the scholarship donor if requested.

PRINT NAME

SIGNATURE

DATE



102 Wilmot Rd. MS#1220
Deerfield, IL 60015

Meetings & Media Communication Services

TALENT RELEASE

Date _____

In consideration of the opportunity to appear in media advertisements and to gain other public exposure, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby authorize and consent to the unlimited reproduction, sale, licensing, broadcast, exhibition, use and/or distribution by Walgreen Co. ("Walgreens") of the photograph(s) of [myself and/or my recorded voice] [my child and/or his or her recorded voice](collectively referred to as the "likeness") in print, electronic and any other media. My consent also allows Walgreens to make such changes as it deems desirable to the likeness, to use all or any part of the original or the modified form of the likeness, and to use the likeness alone or in conjunction with other photographs, sketches, cartoons, recordings, artwork, text matter and any other material. I waive all rights of inspection or approval.

I hereby assign all rights in and to such material, including all copyrights therein, to Walgreens and irrevocably release Walgreens, its assigns and their employees and agents from any and all claims or demands arising out of such use of the likeness.

I understand that signing this release in no way creates a contract of employment or a guarantee of continued employment, and that my employment is terminable at will by either myself or Walgreens at any time.

I hereby certify and covenant that I am twenty-one years of age or over, or that I am the parent or legal guardian of _____, a minor.

Name: _____

Project: Walgreens Diversity Scholarship

Address: _____

Description: Student pharmacist recipients of

Phone: _____

Walgreens Diversity Scholarship or Walgreens

Email: _____

Diversity and Inclusion Excellence Scholarship to

be displayed on:

Signature: _____

www.walgreens.com/topic/sr/supports_pharmacists.jsp

Witness: _____

Fax or email completed form to Pharmacy Campus Relations at (847) 315-8233 or
CampusDonations@Walgreens.com