

**The University of Houston Foundation**  
**DR. LAKSHMI PUTCHA SCHOLARSHIP**  
**AT THE COLLEGE OF PHARMACY**

**Eligibility Requirements:**

1. Recipient must be a female. **ATTACH A COPY OF DRIVER'S LICENSE OR BIRTH CERTIFICATE.**
2. Must be pursuing a PhD in Pharmaceutics.
3. Must have and maintain a cumulative GPA of 3.0 to continue eligibility.
4. Funding for female student to travel to the annual meeting/workshop of American College of Clinical Pharmacology (ACCP).
5. Or funding to attend a symposium on clinical pharmacokinetics/pharmacodynamics, or pharmacometrics.
6. Submit no more than one page description of your academic and career goals and how this scholarship would be of financial assistance to you.
7. **COMPLETED AUTHORIZATION FORM MUST ACCOMPANY SCHOLARSHIP APPLICATION.**

**Personal Data:** (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: (\_\_\_\_\_) \_\_\_\_\_  
Student ID# \_\_\_\_\_

**Academic data:**

Are you pursuing a PhD in Pharmaceutics in the College of Pharmacy? \_\_\_\_ Yes \_\_\_\_ No

Cumulative GPA at UH or Transfer GPA: \_\_\_\_\_ Anticipated Graduation date \_\_\_\_\_  
(Mo/Yr)

Credit hours enrolled for upcoming Fall semester: \_\_\_\_\_

Are you requesting funding to attend ACCP? \_\_\_\_ Y \_\_\_\_ N How much? \$ \_\_\_\_\_  
Are you requesting funding for symposium? \_\_\_\_ Y \_\_\_\_ N How much? \$ \_\_\_\_\_

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**MAIL OR DROP OFF 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.**

UNIVERSITY OF HOUSTON FOUNDATION  
INFORMATION AUTHORIZATION FORM

Because of the recently-enacted Privacy Act, the **University of Houston** must have your written permission to release your Grade Point Average to the *University of Houston Foundation*. The UH Foundation must verify your G.P.A. in order to release the scholarship funds to your student account.

**Please sign the following statement:**

I give permission to the University of Houston to release to the University of Houston Foundation my semester hours for the current semester and grade point average for the most recently completed semester, as well as my overall grade point average. This permission is granted for as long as I may have a scholarship awarded by the UH Foundation.

I also give the University of Houston Foundation permission to release my name and contact information to the organization/persons funding the scholarship.

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**STUDENT ID#**

\_\_\_\_\_  
**DATE**

**Attach this signed form and all required documents to the scholarship application and return to the UH Foundation at the address shown on the application.**