University of Houston Foundation PATRICK J HEALY SCHOLARSHIP ENDOWMENT AT THE COLLEGE OF PHARMACY

Eligibility Requirements:

4543 Post Oak Place, Suite 250

HOUSTON, TEXAS 77027

- 1. ATTACH A COPY OF DRIVERS LICENSE.
- 2. Recipient must be a Texas resident from one of the following East Texas counties: Smith, Gregg, Anderson, Camp, Cherokee, Harrison, Henderson, Marion, Panola, Rains, Rusk, Upshur, Van Zant, Washington and Wood.
- 3. Recipient must be enrolled and accepted at the UH College of Pharmacy.
- 4. Must have an interest in pursuing a career in an independent compounding pharmacy.
- 5. Recipient must have and maintain at least a 2.25 GPA or higher to continue eligibility.
- 6. Must be in good academic standing at the University of Houston.
- 7. Submit no more than one-page description of your academic and career goals and how this scholarship would be of financial assistance to you.
- 8. COMPLETED AUTHORIZATION FORM MUST ACCOMPANY SCHOLARSHIP APPLICATION.

Personal Data: (Print Legibly) Legal Name: Middle Current Address: Street, Apt., or P. O. Box City, State, Zip Email Address: ____ ___ Date of Birth: ____ Cell Phone (_____) _____ Home Phone: (Student ID# Academic data: UH Classification for upcoming Fall semester: _____ Sophomore ____ Junior ____ Senior ____ Graduate Which East Texas county are you from? _____ Are you pursuing a career in an independent compounding pharmacy? _____ Yes No Have you been accepted into the College of Pharmacy? ______No MAJOR: _____ Cumulative GPA at UH or Transfer GPA:_____ Credit hours enrolled for upcoming Fall semester: _____ Anticipated Graduation date: **Organizations, Activities, Awards & Honors:** (list only the best. Do not attach an additional sheet) Year Organization/Activity Special Awards/Honors/Offices Held 1)___ 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 Applications that are emailed, faxed or

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

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.