



Wichita Academy of Pharmacists Foundation

## The Wichita Academy of Pharmacists (WAP) Foundation 2022 Student Scholarship Application Cover Sheet

WAP Foundation  
PO Box 47464  
Wichita KS 67201

[wichitarphfoundation@gmail.com](mailto:wichitarphfoundation@gmail.com)  
[www.ictrxfoundation.org](http://www.ictrxfoundation.org)

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Name: \_\_\_\_\_

School of Pharmacy: \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

First Professional Reference:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Second Professional Reference:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**By September 30<sup>th</sup>**, email this document along with your Personal Statement and your resume or curriculum vitae (CV) to WAP Foundation ([wichitarphfoundation@gmail.com](mailto:wichitarphfoundation@gmail.com)).

To invest in the development of pharmacists and the community by providing educational opportunities, student scholarship and philanthropic aid.