



The Wichita Academy of Pharmacists (WAP) Foundation 2020 Student Scholarship Application Cover Sheet

(Version 2020 07 001)

WAP Foundation
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First Professional Reference:

Name: _____

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Second Professional Reference:

Name: _____

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By September 30th, email this document along with your Personal Statement and your resume or curriculum vitae (CV) to WAP Foundation (wichitarphfoundation@gmail.com).

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