

**National Diamondback Pharmacy Alumni  
Council  
Tampa Bay Chapter**



The Florida Agricultural and Mechanical University (FAMU) School of Pharmacy was organized in 1951 as part of Florida Agricultural and Mechanical College. The designation, College of Pharmacy and Pharmaceutical Sciences (COPPS) was made in 1985 in recognition of the expanded role and mission in professional and graduate education. The mission of the College is to produce highly qualified pharmacy practitioners who take an active role and responsibility in the delivery and outcomes of pharmaceutical care. FAMU is a premier institution committed to reducing healthcare disparities in the minority communities. The College of Pharmacy and Pharmaceutical Sciences (COPPS) continues to attract the best and brightest students in the country, including those from the Tampa Bay area.

The National Diamondback Pharmacy Alumni Council Tampa Bay Chapter is dedicated to continuing the tradition of excellence of this great institution through financial support, community health education, recruitment of students, faculty, and staff. To this end, we are pleased to offer a \$500 scholarship to a graduating high school senior from the Tampa Bay area that has demonstrated excellence through academic achievement and will be entering the FAMU College of Pharmacy and Pharmaceutical Sciences for the 2013-2014 academic year.

**A. Eligibility Requirements**

1. The applicant must be a graduating high school senior.
2. The applicant must be a US citizen and permanent resident of Hillsborough or Polk County.
3. The applicant must have completed seventy-five (75) or more hours of community service.
4. The applicant must have a G.P.A. of 3.0 or higher on a 4.0 scale.
5. The applicant will be enrolled as a full-time student in the FAMU College of Pharmacy and Pharmaceutical Sciences.
6. The applicant must complete a 250 word essay detailing
  - a. Future career goals
  - b. Why pharmacy was chosen as the area of study
  - c. Plans to utilize their pharmacy degree in the community
7. A personal interview will be conducted with each *selected* applicant.

## **B. Verification of Information**

1. The Scholarship Committee reserves the right to verify information submitted in support of the applicant seeking the scholarship.
2. Authorization is granted for the release of supportive information by the school to The Tampa Bay Chapter of the National Diamondback Pharmacy Alumni Council, for the above purpose.

## **C. Administration of Scholarship Fund**

1. Scholarship Funds will be awarded upon official proof of course enrollment.
2. If a scholarship recipient should relinquish the award, the Scholarship Committee may select a new recipient from the application on file for the current scholarship year.

## **D. Application and Attachments**

1. Submit completed application
2. Submit a copy of the acceptance letter from the FAMU COPPS
3. Submit a certified copy of your high school transcript.
4. Submit proof of community service hours
5. Submit the completed essay

*Note: Only complete applications will be considered*

Mail completed application and required attachments to:

National Diamondback Pharmacy Alumni Council  
Tampa Bay Chapter  
P. O. Box 1062  
Brandon, Florida 33509-1062

**Applications must be postmarked on or before May 06, 2013.**

**National Diamondback Pharmacy Alumni Council  
Tampa Bay Chapter  
Scholarship Application**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

I certify the facts contained in this scholarship application are true and correct. The Tampa Bay Chapter of the National Diamondback Pharmacy Alumni Council is hereby authorized to verify any information contained in this application. I understand that any falsification or misrepresentation will result in disqualification. By signing this application, I agree, if asked to provide information that will verify the accuracy of my application. I agree that my name and/or photo may be used for advertising and/or publicity purposes without consent or compensation. All photos and applicant papers will remain the property of NDPAC-TBC.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's or Guardian's Signature *(if applicant if less than 18 years of age):*

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