Brevard County Pharmacy Association Student Scholarship

Name:
Address:
City, State:
Phone:
Email:

Pharmacy School:
Expected graduation year:
Current GPA:

Please mail application packet to:
Brevard County Pharmacy Association
5445 Murrell Rd. Unit 102 #173
Rockledge, FL. 32955

Application and Materials may also be uploaded and emailed to:
brevardpharmacy@gmail.com

Deadline April 30, 2025

1. Proof of residency in Brevard County (Driver's license, etc.)

2. A current transcript from a Florida College of Pharmacy

3. An essay describing why they chose the Profession of Pharmacy for a career.

4. If selected to receive the scholarship, agree to present on a pharmacy-related topic at a future Brevard County Pharmacy Association meeting

6. Student Membership in the Brevard Pharmacy Association or Florida Pharmacy Association