



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**