

**APPLICATION FORM FOR NANCY AND RON MCFARLANE SCHOLARS
PROGRAM VCU SCHOOL OF PHARMACY - SUMMER 2024**

Name: _____ VCU-ID: _____

Address: _____

Phone: _____ E-mail: _____

What is your **current GPA in pharmacy**: _____
(will be confirmed from Dean's Office)

Will you receive any other financial assistance during the period of this fellowship? If so, give details:

Signature

Date

The following documents need to be enclosed with your application package:

1. *Cover form (this form), completed by student;*
2. *Curriculum Vitae (CV);*
3. *Statement of career interests by the student (outlining their previous pharmacy and research experiences, if any, and expectation from the program and future professional goals);*

Please return the completed package to Dr. Elvin Price (etprice@vcu.edu) by May 3rd