

# NATIONAL DIAMONDBACK ALUMNI FIRST COAST CHAPTER

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## SCHOLARSHIP APPLICATION

*Florida A and M University College of Pharmacy freshmen students who are natives of Duval County Florida.*

Submit this application along with one letter of recommendation and a personal essay. See details below.

### ***Personal Information***

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

High School Attended (and Address): \_\_\_\_\_

\_\_\_\_\_

College Attending: \_\_\_\_\_

Credit hours presently taking: \_\_\_\_\_

### ***Parent/Guardian Information***

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Name: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## ***High School /College Activities***

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*List activities (clubs, sports, music, drama, etc.) with which you have been involved.*

## ***Other Activities***

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*Examples: community organizations, church, etc.*

## ***Personal Essay***

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*Please attach a personal essay on the following topic: A significant act of kindness or assistance I have extended to an individual or individuals and the impact of such an act. The essay must be 250 words or less. Please explain in detail. Please submit contact information of individual or individuals named in the essay.*

## ***Letter of Recommendation***

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*One letter of recommendation must be submitted with this application.*

*Recommendation should come from someone who can speak of your academic, leadership or character (a mentor, teacher, coach, etc)*

**A copy of the letter of acceptance to the College of Pharmacy must be submitted with this application.**

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***Signature of Applicant***

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***Date***

*The First Coast Chapter of  
The National Diamondback Pharmacy Alumni Council  
Scholarship Committee  
Attn: Mr. Manuel Sims  
2307 Foxhaven Drive East  
Jacksonville, Florida 32224*