



The Wichita Academy of Pharmacists (WAP) Foundation
Student Scholarship Application Cover Sheet

Student Information:

Name: _____

School of Pharmacy: _____

Expected Year of Graduation: _____

Permanent Address: _____

Current Address: _____

Email Address: _____

Phone: _____

First Professional Reference:

Name: _____

Relationship: _____

Email: _____

Phone: _____

Second Professional Reference:

Name: _____

Relationship: _____

Email: _____

Phone: _____

WAP Foundation
PO Box 47464
Wichita, KS 67201
www.ictrxfoundation.org

By September 30th, email this document along with your Personal Statement and Resume or Curriculum Vitae (CV) to
WAP Foundation wichitarphfoundation@gmail.com

Our mission is to invest in the development of pharmacists and the community by providing educational
opportunities, student scholarship and philanthropic aid.