KSHP FOUNDATION

EDUCATIONAL SCHOLARSHIP APPLICATION

Return this application with your essay (see instructions below) and CV or Resume by email to chris.holtman29@gmail.com NO LATER THAN 6 PM EDT Friday September 4, 2026

For further information contact Chris Holtman, PharmD, Foundation President, via email, at: chris.holtman29@gmail.com. Or text my cell at 502-445-1348.

PERSONAL INFORMATION		
Date:		
NAME:		
Phone Number(s): ( )	( )	( )
Email Address:		
Mailing Address:		
City:	**State**:	**ZIP Code**:
WORK HISTORY (NOT IPPE/APPE ROTATIONS)		
Pharmacy Name:	Date(s):	
Pharmacy Supervisor:	Pharmacy Phone:	
City:	State:	ZIP Code:
Pharmacy Name:	Dates(s):	
Pharmacy Supervisor:	Pharmacy Phone:	
City:	State:	ZIP Code:
EDUCATIONAL/PROFESSIONAL INFO		
University Affiliation:		
Dates Attending:		
Expected Graduation Date:		
OTHER EDUCATION:		
University/College:		
City/ST:	Years Attended:	Degree:
University/College:		
City/ST:	Years Attended:	Degree:

- KSHP Member Since_____ Offices held _____
- ASHP Member Since_____ Offices held _____
- KPhA Member Since_____ Offices held _____
- APhA Member Since_____ Offices held _____
- PPAG Member Since_____ Offices held _____
- NCPA Member Since_____ Offices held _____
- CPFI Member Since_____ Offices held _____

- Other COP student organization: _____
  (name, duration of membership, etc)

Include a 500-word essay that describes your background, as well as your professional aspirations and career plans after graduation. Please also share the role you see professional organizations playing in your pharmacy career. Lastly, please briefly describe how you would use the scholarship funds should they be awarded.