

**Pharmacy Summer Program**

2017 Program Dates: August 2 -5, 2017

The Pharmacy Summer Program (PSP) is a four-day summer program for rising high school juniors and seniors interested in learning more about pharmacy careers and the UW-Madison Doctor of Pharmacy Program. The Pharmacy Summer Program targets rising high school juniors and seniors from traditionally underrepresented groups in the health science fields. Students who identify as African-American/Black, Native American/American Indian, Latino/a, Laotian, Vietnamese, Hmong, Cambodian are especially encouraged to apply.

Pharmacy Summer Program activities will include:

* Compounding lab demonstrations and activities (preparing personalized medications)
* Pharmacotherapy lab activities (treatment of disease/illness with medications)
* Tour different types of pharmacies
* Faculty and current student panels
* School of Pharmacy research opportunities
* Informational session on pharmacy school admissions

Eligibility requirements and criteria for acceptance:

* Students must have cumulative high school GPA of 3.0 or higher
* Must be rising high school junior or senior
* Must have a strong interest in science, the health sciences, and/or pharmacy

Participants will live in a university residence hall throughout the duration of the program with supervision from two live-in counselors. Housing and meals will be covered by the program. Transportation to and from the UW-Madison campus will not be provided by the program – participants are responsible for their own transportation to and from campus. Preference will be given to students who identify with traditionally underrepresented backgrounds in the health sciences.

UW-Madison School of Pharmacy

777 Highland Avenue

2220 Rennebohm Hall

Madison, WI 53705

[www.pharmacy.wisc.edu](http://www.pharmacy.wisc.edu)



**2017 PHARMACY SUMMER PROGRAM APPLICATION**

REQUIRED Application Materials:

* Completed application form
* Completed application essay
* Official high school transcript
* One letter of recommendation from a science teacher

All completed applications postmarked by **MARCH 17, 2017** will be deemed eligible. Please submit all application materials to:

 ATTN: Susan Tran Degrand, Director of Outreach & Recruitment

 Pharmacy Summer Program

 UW-Madison School of Pharmacy

 777 Highland Avenue, 2220 Rennebohm Hall

 Madison, WI 53705

 \*Applications may be sent electronically to susan.degrand@wisc.edu.

***Applicants will be notified by email of their acceptance into the Pharmacy Summer Program by MAY 5, 2017.***

**APPLICANT INFORMATION (please print or type):**

 **NAME:**

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 **ADDRESS:**

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 **HOME PHONE:**

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 **EMAIL ADDRESS:**

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 **DATE OF BIRTH:**

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 **YEAR IN SCHOOL & EXPECTED GRADUATION YEAR:**

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 **NAME OF HIGH SCHOOL:**

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 **HIGH SCHOOL ADDRESS:**

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**GENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PREFERRED GENDER PRONOUNS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(He/him, she/her, they/them, ze/hir, prefer not to respond)

**WISCONSIN RESIDENT: Yes No State of residency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**U.S. RESIDENT: Yes No Country of residency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you qualify for free or reduced lunch? Yes No**

**Are you a first generation college student? Yes No**

*(First generation college student = neither of your parents completed a degree at a 4-year institution)*

**UPBRINGING: Rural Urban Suburban**

**RACIAL BACKGROUND** *(please check all that apply)***:**

American Indian/Alaska Native, Tribal Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

African American or Black Hmong Latino/a Other:

Cambodian Native Hawaiian or Pacific Islander \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caucasian or White Laotian Vietnamese

**CUMULATIVE WEIGHTED HIGH SCHOOL GPA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **UNWEIGHTED GPA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCIENCE/MATH COURSES TAKEN OR WILL TAKE** *(please check all that apply)***:**

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| --- | --- | --- | --- | --- |
| **COURSE NAME** | **TAKEN****(Grade received?)** | **PLANNED****(When?)** | **ADVANCED PLACEMENT (AP)?** | **INTERNATIONAL BACCALAUREATE (IB)?** |
| Anatomy/Physiology |  |  |  |  |
| Biology |  |  |  |  |
| Chemistry |  |  |  |  |
| Physical Science |  |  |  |  |
| Physics |  |  |  |  |
| Zoology |  |  |  |  |
|  |  |  |  |  |
| Analysis/Pre-calculus |  |  |  |  |
| Calculus |  |  |  |  |
| Statistics |  |  |  |  |

 **Please check here if your high school does not offer AP or IB course work.**

**HIGH SCHOOL AWARDS/HONORS:**

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| **AWARD/HONOR** | **BRIEF DESCRIPTION** | **DATE AWARDED** |
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**HIGH SCHOOL LEADERSHIP ROLES:**

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| **LEADERSHIP ROLE** | **BRIEF DESCRIPTION OF RESPONSIBILITIES** | **DATES OF INVOLVEMENT** (MONTH/YEAR – MONTH/YEAR) | **APPROXIMATE HOURS/WEEK** |
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**HIGH SCHOOL EXTRACURRICULAR ACTIVITIES:**

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| **ACTIVITY** | **BRIEF DESCRIPTION OF ACTIVITY** | **DATES OF INVOLVEMENT** (MONTH/YEAR – MONTH/YEAR) | **APPROXIMATE HOURS/WEEK** |
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**WORK AND/OR VOLUNTEER EXPERIENCES:**

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| --- | --- | --- | --- |
| **ACTIVITY** | **BRIEF DESCRIPTION OF ACTIVITY** | **DATES OF INVOLVEMENT** (MONTH/YEAR – MONTH/YEAR) | **APPROXIMATE HOURS/WEEK** |
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\*Please attach an additional sheet of paper if needed.

**APPLICATION ESSAY QUESTIONS:**

Please type your essay (in 500 words or less) on a separate sheet of paper. All essays must address the following questions.

* Why are you interested in participating in UW-Madison School of Pharmacy’s Pharmacy Summer Program?
* What experience do you hope to gain from participating in this program?