**Supplemental Application**

**Applicant Contact Information-**

1. **Applicant First/Last Name:**
2. **Phone (xxx-xxx-xxxx):**
3. **Email Address:**
4. **High School:**

**If chosen for the program, we will need contact information for a parent/guardian. If there is an emergency this is the person we would first contact.**

**Parent/Guardian Contact Information-**

1. **First/Last Name:**
2. **Home Phone (xxx-xxx-xxxx):**
3. **Work Phone (xxx-xxx-xxxx):**
4. **Email Address:**

**HIGH SCHOOL AWARDS/HONORS:**

|  |  |  |
| --- | --- | --- |
| **AWARD/HONOR** | **BRIEF DESCRIPTION** | **DATE AWARDED** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**HIGH SCHOOL LEADERSHIP ROLES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **LEADERSHIP ROLE** | **BRIEF DESCRIPTION OF RESPONSIBILITIES** | **DATES OF INVOLVEMENT**  (MONTH/YEAR – MONTH/YEAR) | **APPROXIMATE HOURS/WEEK** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**HIGH SCHOOL EXTRACURRICULAR ACTIVITIES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY** | **BRIEF DESCRIPTION OF ACTIVITY** | **DATES OF INVOLVEMENT**  (MONTH/YEAR – MONTH/YEAR) | **APPROXIMATE HOURS/WEEK** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**WORK AND/OR VOLUNTEER EXPERIENCES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY** | **BRIEF DESCRIPTION OF ACTIVITY** | **DATES OF INVOLVEMENT**  (MONTH/YEAR – MONTH/YEAR) | **APPROXIMATE HOURS/WEEK** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**APPLICATION ESSAY QUESTIONS:**

Please type your essay (in 500 words or less) below. 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?