



Scholarship Application Form

Applicants Name: _____

Present Address: _____

Phone: Work _____ Home _____ Mobile _____

Fax number: _____ E-mail: _____

Place of Birth: _____ Date of Birth: _____

Name the educational institution at which you wish to pursue your scholarship or award:

(Institution) (City) (State)

Which Program you are interested in?

Employment: yes / No

If yes, please fill the employment information

Company Name: _____

Address: _____

Salary: _____

Date of employment: _____

Education Background:

High School Diploma _____

GED _____

Other _____

American Institute of Pharmaceutical technology Scholarship application form

Have you ever received academic honors or awards for scholastic achievement (include high school, undergraduate, graduate studies)? Yes (If yes, list) No

Please explain any interruption of schooling (i.e., military training, etc.)

Is this scholarship or award the only means by which you can pursue your education? Yes No

Your complete application, transcripts of scholastic records, and reference forms or letters must be received by the AIPT Scholarship Administrator, 195 Polifly Rd, Hackensack, NJ 07601, by / , **2013**.

I certify that the information given in this application is true and accurate. I further certify that if, for any reason subsequent to receiving a scholarship or fellowship award, I elect to substantially alter my proposed study plan, I will immediately inform AIPT and, if requested, will return the money paid to me.

Signature of Applicant

Date

Signature of AIPT Sponsor (if requested in award description)

Date

Return completed application to
AIPT Scholarship Administrator
195 Polifly Rd, Suite 201
Hackensack, NJ 07601
admin@aipt.edu