



RxA's New Horizons Scholarship

The Alberta Pharmacists' Association (RxA) will award up to three scholarship(s) annually to a candidate(s) who shows understanding of the role of RxA in Alberta pharmacy practice and how they will support the profession once licensed.

Up to three scholarships may be awarded and will consist of one thousand dollars (\$1,000) each.

Eligibility

- Currently enrolled in the University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences (FOPPS) Certificate to Canadian Pharmacy Practice (CCPP) program.
- Entering the 2nd semester of the CCPP program and paid tuition.
- Be an Alberta Resident.
- Be a Canadian Citizen or Permanent Resident of Canada.
- Currently an RxA Member.

Application Guidelines

1. Candidate Information

- Complete the Candidate Information section (see below). Applications must be typed.
- Sign and date your completed application.

2. 2-Part Essay (Complete both)

- RxA is recognized by Alberta Health as a representative association for pharmacists in Alberta.
In no more than 1000 words, describe "How does RxA advocate for the pharmacy profession? As a practicing pharmacist, what will your role be in advocating for the profession? How do you feel you will be able to have an impact?"
- Alberta has the widest scope of practice in the world.
In no more than 1000 words, describe "What work has RxA done to achieve this scope and complementary reimbursement model? How will you use your experience to support and practice the profession once licensed?"



Award Presented

- Framed certificate and cheque
- Recipients will receive their awards at the 2022 end of program celebration held by the FOPPS
- Recipients will be promoted through RxA publications, website, and social media.

How to Submit Application

- Submit your Candidate Information and Essay (see Nomination Guidelines) electronically to cassandra.bolivar@rxa.ca no later than 11:59pm, by May 31, 2022.
- No late applications will be accepted. Please keep a copy for your records.
- Only the successful recipients will be notified.



ALBERTA PHARMACISTS' ASSOCIATION

Suite 208, 13220 St. Albert Trail Edmonton, AB T5L 4W1 • Tel: 780.990.0326

Candidate Information

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Birthdate (mm/dd/yy)	_____ Telephone	
_____ Mailing Address		
_____ City/Town, Province	_____ Country	
_____ E-mail	_____ U of A ID number (7 digit number)	

By signing this application, you acknowledge that all information is accurate and that you meet the eligibility requirements for this Scholarship.

_____ Name (Printed)	_____ Signature	_____ Date
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