

# Coal County Scholarship Program for Pharmacy Students Application

The Coal County Scholarship Program for Pharmacy Students has been established to provide eligible Kentucky students the opportunity to attend an accredited school of pharmacy in the Commonwealth to become certified pharmacists. Scholarship recipients are required to provide one (1) year of qualified service as a pharmacist in a coal-producing county for each scholarship that is awarded. Scholarship recipients who fail to provide qualified service will be required to repay the amount of their scholarship plus interest.

To apply, complete the form below and return it to: KHEAA  
Attn.: Student Aid Branch  
P.O. Box 798  
Frankfort, KY 40602-0798



**Application deadline: May 1**

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Phone number:** (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**County of permanent (home) residence:** \_\_\_\_\_

**Are you a U.S. citizen?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you enrolled or accepted for enrollment in an eligible Pharm. D. program?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Select the eligible institution:**

\_\_\_\_\_ **Sullivan University College of Pharmacy**

\_\_\_\_\_ **University of Kentucky College of Pharmacy**

\_\_\_\_\_ **Other (Please provide name):** \_\_\_\_\_

## Please read and initial each statement:

I understand that, if awarded a Coal County Scholarship for Pharmacy Students, I am expected to provide qualified service as a pharmacist in a coal-producing county of the Commonwealth of Kentucky. \_\_\_\_\_  
(initial here)

I also understand and acknowledge that if I do not provide qualified pharmacy service in a coal-producing county, I will be required to repay the amount of my scholarship plus interest at the rate of six (6) percent per annum. \_\_\_\_\_  
(initial here)

I further agree to sign a promissory note for each Coal County Scholarship I am awarded as evidence of the scholarship award and my obligation to repay the scholarship amount or render qualified pharmacy service in lieu of payment. \_\_\_\_\_  
(initial here)

*By signing this application, I certify all information reported to be accurate and true to the best of my knowledge.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_