

# THE NELLIE WAKEMAN FELLOWSHIP

SPONSORED BY  
THE AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATION  
AND  
THE KAPPA EPSILON FRATERNITY

**DUE DATE: MAY 1**

**ELIGIBILITY REQUIREMENTS:** The Nellie Wakeman Fellowship is a \$10,000 award for students planning to enroll in the first year of, or is already enrolled in, a Ph.D., Master's, or combined Residency/Master's degree program at an accredited U.S. College or School of Pharmacy. The award jointly sponsored by the American Foundation for Pharmaceutical Education (AFPE) and Kappa Epsilon Fraternity, Inc. Applicants must be in the final year of the Pharm.D. degree program or have completed the Pharm.D. degree. Consideration is given to those who need financial assistance to further their education. At the time of application, the Kappa Epsilon member must be in good financial standing with the Fraternity. Utilize the following application form and the letter of reference forms.

## INSTRUCTIONS

- Complete the application form (please type).
- Please do NOT send** a copy of your curriculum vitae or resume.
- Be in good financial standing with Kappa Epsilon Fraternity.
- Request the Registrar's Office to send official transcript(s) of your undergraduate/professional and graduate grades to the KE Office.
- Request your KE chapter advisor and one other faculty member who is familiar with you to submit a Letter of Reference form to the KE Office. If you already have your Pharm.D. degree, two letters of recommendation are needed from employers or current faculty members.
- When available, send a copy of your graduate program acceptance letter to the KE Office if enrolling in your first year of a Ph.D., Master's, or combined Residency/Master's degree program.
- If currently enrolled in a graduate program, provide a letter from the Registrar's office confirming your enrollment
- Application materials are due in the KE Office by February 1st. Applications or related materials received after February 1st, will NOT be considered.

**SELECTION PROCEDURES:** The Kappa Epsilon Scholarship Committee will choose three finalists, and the AFPE Board of Grants will select the fellowship recipient from these finalists. The recipient will generally be notified before the end of April. The funds are provided in two equal stipends, in September and February, and submitted to the recipient's school by AFPE. If you are selected as the recipient of the Fellowship, email an electronic photo and mail a traditional wallet-sized photo (2.5"x3.5") of yourself to the KE Office immediately upon notification. Your photo will be used for publicity, published in The Bond and will be highlighted at KE booth exhibits at the APhA and ASHP conventions.

APPLICANT INFORMATION			
Full Name:			
Mailing Address:			
Phone Number:		E-mail Address:	
KE Chapter:		Date of Initiation:	
College / University of Initiation:			
Are you in good financial standing with the Fraternity?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of graduate program are you planning to pursue / currently pursuing?			
Graduate program (major):		Degree sought:	
University:		Length of program:	
Have you been accepted in the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, when do you expect to be notified?		
UNDERGRADUATE / PROFESSIONAL PROGRAM INFORMATION			
Institution	Dates Attended	Degree Granted	GPA/Rank in Class
PREVIOUS GRADUATE PROGRAM INFORMATION			
Institution	Dates Attended	Degree Granted	GPA/Rank in Class
HONORS / AWARDS / SCHOLARSHIPS			
List the name of any honor/award/scholarship.		Date Received	
KE ACTIVITIES			
List all KE activities that you have been involved including the chapter officer positions you have held, committees that you served and activities that you have participated.			

**KE POSITIONS HELD & ACTIVITY PARTICIPATION**

Office	Dates	Activities

**KE COMMITTEE INVOLVEMENT**

Committee	Chair	Dates	Activities
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**OTHER PROFESSIONAL ORGANIZATION ACTIVITIES**

List all offices you have held, the committees with which you have been involved and the activities in which you have been involved in professional organizations other than KE.

**OFFICES HELD**

Organization Name and Office	Dates	Activities

**COMMITTEE INVOLVEMENT**

Organization and Committee Name	Chair	Dates	Activities
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**FINANCIAL STATUS**

<b>Income:</b> State the amount of financial support available to you for the projected academic year.		<b>Expenses:</b> State the amount of expenses you expect for the projected academic year.	
Personal/Spousal Support: \$		Living Expenses: \$	
Individual Earnings: \$		Tuition/Fees: \$	
Loans/Scholarships: \$		Books/Supplies: \$	
Other: \$		Other: \$	
Other: \$		Other: \$	
TOTAL INCOME: \$		TOTAL EXPENSES: \$	
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer:	
What do you do?		Average hours per week worked:	

**FUTURE KE INVOLVEMENT**

How will you be involved with Kappa Epsilon Fraternity in the future? (limit to 2000 characters, ~ 250 words)

**PROFESSIONAL PLANS**

What do you plan to do in the profession of pharmacy after you complete your graduate degree? (limit to 2000 characters, ~ 250 words)

**IN THE NEWS & PUBLICATIONS**

If you are selected as a recipient of the Nellie Wakeman Fellowship, you will need to submit an electronic photograph suitable for publishing in *The Bond* and your local newspaper. Give hometown newspaper to be notified:

Newspaper:	Address:
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**SIGNATURE**

Signature Applicant:

Date:

**SEND YOUR COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS TO:**

**KAPPA EPSILON FRATERNITY, INC.**

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[director@kappaepsilon.org](mailto:director@kappaepsilon.org) • [www.kappaepsilon.org](http://www.kappaepsilon.org)