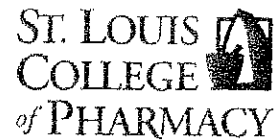




Walgreens - St. Louis College of Pharmacy  
Career Explorers Diversity Outreach Program



Application for Consideration

Directions:

1. Complete the application form.
2. Arrange for a copy of your official high school transcript, which includes your high school ranking and cumulative grade point average, to be sent to Ms. Jessica Level, Walgreens District Office, 13897 Corporate Woods Trail Dr. Bridgeton, MO 63044.
3. Have two of your teachers or counselors complete the attached letter of recommendation forms, and have them sent directly to Ms. Level, Walgreens District Office, 13897 Corporate Woods Trail Dr. Bridgeton, MO 63044. Or they may fax to 314-739-4557 to Ms. Level's attention.

Qualified applicants will be scheduled for an interview at the Walgreens District Office. If selected for an interview, you will be notified no later than March 24, 2012. Interviews will be held at Walgreens District Office, 13897 Corporate Woods Trail Dr. Bridgeton, MO 63044 between April 10 and April 20, 2012. If you have questions while completing the application, contact Jessica Level at (314)739-4503 ext.262.

Deadline for Application, Transcript and Reference Letters: MARCH 2, 2012
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During the Walgreens - St. Louis College of Pharmacy/Career Explorers Program, accepted students must:

1. Be available between the dates of June 11 and July 7, Monday – Friday, 9:00am-3:00pm. Times may vary slightly due to field trips and graduation.
2. Arrange for their own transportation to the St. Louis College of Pharmacy and to their assigned Walgreens pharmacy sites.
3. Apply for a state Pharmacy Technician License. Information regarding this process will follow if you are selected to participate. All fees are the responsibility of the student.

For Consideration into the program, the student must also meet the minimum requirements to be accepted to the St. Louis College of Pharmacy. These include (but are not limited to):

- Cumulative Grade Point Average of 3.0 or higher (on a 4 point scale)
- Cumulative ACT scores showing strong performance in Math and Science (students who have not yet taken the ACT will still be eligible).



**FAMILY INFORMATION (optional)**

**Please provide the following information:**

<b>Father</b>	<b>Mother</b>
Name _____	Name _____
Address _____ _____	Address _____ _____
Phone _____	Phone _____
Occupation _____	Occupation _____

**If currently married,\* please provide the following information:**

Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_

**Are you related to a St. Louis College of Pharmacy alumnus/employee?**

\_\_\_yes      \_\_\_no

**If yes, who?** \_\_\_\_\_

**Relationship** \_\_\_\_\_

\*\*The age, gender, race, marital status, and family data will be used to help evaluate our efforts relative to providing educational opportunity for all incoming students. These data are optional and will not be used as selection criteria during the admission process.

## EMPLOYMENT AND LIFE EXPERIENCE

In chronological order, list the extracurricular and/or community/volunteer activities in which you participated during high school. Identify any offices held and/or awards, honors and distinctions earned while participating in these activities (you may use a separate sheet of paper).

### Extracurricular Activities (high school)

Organization	Award/Honors	Role/Activity	Approx. Hours per Week	Dates

### Community/Volunteer Activities (high school)

Organization	Award/Honors	Role/Activity	Approx. Hours per Week	Dates

Beginning with your current position, list in chronological order all full and part-time employment. Include position titles, dates, and approximate hours worked per week and places of employment (you may use a separate sheet of paper or attach a resume in lieu of completing this section).

Began Month/Yr	Ended Month/Yr	Approx. Hours Per Week	Position Title	Place of Employment (Name)	City, State, or Country

**ACADEMIC INFORMATION**

Current High School Attending \_\_\_\_\_ Fr So Jr Sr  
(circle one)

List all regionally accredited high schools that you have attended or are currently attending. Failure to provide complete information may result in subsequent dismissal.

Name of Institution (use these numbers when completing your worksheet)	Location (City, State)	Attendance Dates From: mo/yr To: mo/yr	Degree/Date (if any)	Class Rank	Overall GPA (4 pt scale)	Office Use Only
1.						
2.						
3.						
4.						
5.						
6.						
7.						

**PERSONAL STATEMENT (REQUIRED):**

Please write a brief statement (no more than 250 words or one page) about why you are interested in pharmacy as a career and in participating in the Walgreens/St. Louis College of Pharmacy Career Explorers Program. If necessary use a separate sheet of paper.

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**SIGNATURE/ATTESTMENT (REQUIRED):**

My signature below indicates that all information contained in this application is factually correct and complete. I understand that the misrepresentation or omission of application information is sufficient grounds for canceling my admission or registration.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*St. Louis College of Pharmacy considers for admission those students who possess the academic and professional promise necessary to become outstanding health professionals. The University does not discriminate on the basis of sex, age, race, color, national and ethnic origin, sexual orientation or disability\*.*

*Before you submit this application, we suggest that you make a copy to keep for your records.*

Applicant's Name \_\_\_\_\_

## Pharmacy Recommendation Form for the Walgreens/St. Louis College of Pharmacy Career Explorers Program

**TO THE APPLICANT:** Select an individual who can rate you on eight or more of the items below. The following section must be completed before sending to the reference.

### Waiver of Access to Confidential References

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that at my option, I may waive the right to review this letter of recommendation (please check your choice below).

- I waive my right to inspect this letter.  
 I do NOT waive my right to inspect this letter.

Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_

If you do not check one of the above actions or do not authorize this waiver by signature, then the program will assume you have not waived access.

How long have you known the applicant? \_\_\_\_\_  
What is your relationship to this applicant?  Advisor  Professor  Employer  
 Other Professional \_\_\_\_\_

Please indicate your recommendation for this applicant:

- I recommend this applicant without reservation.  
 I recommend this applicant with the following  
reservation(s): \_\_\_\_\_

Why? (Optional) \_\_\_\_\_

**REFERENCE (please print):** Please enclose this completed form in an envelope. Seal the envelope, sign your name across the seal and return the envelope to Ms. Jessica Level, 13897 Corporate Woods Trail Dr. Bridgeton, MO 63044. Or you may fax the form to 314-739-4557 to Ms. Level's attention.

Name \_\_\_\_\_  
Title/Occupation \_\_\_\_\_  
\_\_\_\_\_  
Institution/Department \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_



Applicant's Name \_\_\_\_\_

**Pharmacy Recommendation Form for the Walgreens/St. Louis College  
of Pharmacy Career Explorers Program**

**TO THE APPLICANT:** Select an individual who can rate you on eight or more of the items below. The following section must be completed before sending to the reference.

**Waiver of Access to Confidential References**

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that at my option, I may waive the right to review this letter of recommendation (please check your choice below).

- I waive my right to inspect this letter.  
 I do NOT waive my right to inspect this letter.

Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_

If you do not check one of the above actions or do not authorize this waiver by signature, then the program will assume you have not waived access.

How long have you known the applicant? \_\_\_\_\_  
What is your relationship to this applicant?  Advisor  Professor  Employer  
 Other Professional \_\_\_\_\_

Please indicate your recommendation for this applicant:

I recommend this applicant without reservation.

I recommend this applicant with the following

reservation(s): \_\_\_\_\_

Why? (Optional) \_\_\_\_\_

**REFERENCE (please print):** Please enclose this completed form in an envelope. Seal the envelope, sign your name across the seal and return the envelope to Ms. Jessica Level, 13897 Corporate Woods Trail Dr. Bridgeton, MO 63044. Or you may fax the form to 314-739-4557 to Ms. Level's attention.

Name \_\_\_\_\_

Title/Occupation \_\_\_\_\_

Institution/Department \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

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

**TO THE REFERENCE:** Please indicate your impression of this applicant with regard to the following factors using a 5 point scale (with 5 being exceptional and 1 being unacceptable). Eight (8) or more of these items must be marked.

Factors	5 (Exceptional)	4 (Commendable)	3 (Satisfactory)	2 (Marginal)	1 (Unacceptable)	0 (Unable to Judge)
Motivation						
Maturity						
Interpersonal Relations						
Empathy						
Critical Thinking						
Reliability						
Leadership						
Communication Skills						
Integrity						
Quality of Work						

**Please provide additional written comments regarding the applicant's suitability for the pharmacy profession.**

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