

Kappa Psi Pharmaceutical Fraternity
Grand Council Scholarship Key Nomination Form

Name: _____

Address: _____

Date and Place of Birth: _____

High School and Year of Graduation: _____

Principal High School Activities: _____

College (s) Attended Before Pharmacy School: _____

Pharmacy School Attended: _____

Date of Graduation: _____

Honor Fraternity and Society Membership: _____

Social Fraternity: _____

Other Membership: _____

Honors and Awards: _____

Miscellaneous Activities: _____

Military Service (Branch and Highest Rank): _____

Plans for the Future: _____



Dean's Certification

This is to certify that the applicant named herein has/will graduate with First Honors or stands highest in scholarship in the entire class of graduates of the College of Pharmacy.

Dean of College of Pharmacy

(Include any other important information on the back of this sheet and include a glossy photograph of the nominee.)

Kappa Psi Central Office
2060 North Collins Blvd, Suite 128
Richardson, Texas 75080