

**Ernest Mario School of Pharmacy-Rutgers University**  
**Office for Student Development/Educational Opportunity Fund Program**

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**“A Day in the Life of a Pharmacy Student”**



**NOTE: APPLICATIONS & PERMISSION SLIPS MUST BE RECEIVED BY: Monday, OCTOBER 26, 2009.**  
**MATERIALS RECEIVED AFTER THIS DEADLINE MAY NOT BE CONSIDERED.**

<<<<<<Please Print or Type All Information>>>>>>

➤ **Personal Information**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (Month/Date/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number (     ) \_\_\_\_\_ Email Address \_\_\_\_\_

High School \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ High School Telephone # \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Current Overall GPA \_\_\_\_\_ Career Interest \_\_\_\_\_

➤ **Family Information**

Father's/Legal Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Living \_\_\_ Deceased \_\_\_

Occupation \_\_\_\_\_ Father's highest level of formal education \_\_\_\_\_

Address (If different from yours) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Telephone Number (     ) \_\_\_\_\_ Business Telephone Number (     ) \_\_\_\_\_

Mother's/Legal Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Living \_\_\_ Deceased \_\_\_

Address (if different from yours) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_ Mother's highest level of formal education \_\_\_\_\_

Home Telephone Number (     ) \_\_\_\_\_ Business Telephone Number (     ) \_\_\_\_\_

➤ **Short Essay Section**

**What are your plans after high school?**

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**How do you feel you would benefit from participating in A Day in the Life of a Pharmacy Student program?**

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**Would you be interested in attending a 5-week Pharmacy Summer Enrichment Program? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**PLEASE RETURN THIS APPLICATION AND ALL SUPPORTING MATERIALS REQUESTED TO:**

**Melissa Vargas Columna**  
Senior Counselor of Special Programs  
Office for Student Development/Educational Opportunity Fund Program  
Ernest Mario School of Pharmacy  
Rutgers University  
160 Frelinghuysen Road  
Piscataway, NJ 08854-8020

**Applications & Supporting Materials may also be faxed to: (732) 445-4881**

Please feel free to contact Ms. Columna at (732) 445-2678 Ext. 628, should you have any further questions.

*My signature indicates that this application, including supporting materials, is complete, factually correct and honestly prepared.*

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Student's Signature	Parent's Signature	Date
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**FOR OFFICE USE ONLY**

COMMENTS:

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# RUTGERS

Ernest Mario School  
of Pharmacy

Office for Student Development/Educational Opportunity Fund Program

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## Permission Slip for Participation in



## "A Day in the Life of a Pharmacy Student"

*Please Note: Failure to submit this slip will forfeit your potential selection for this event.*

I (We), the parent(s), or guardian(s) of \_\_\_\_\_ (name of student), this \_\_\_\_\_ day of \_\_\_\_\_, 2009, willingly grant permission for the aforementioned minor to participate in the Ernest Mario School of Pharmacy – A Day in the Life of a Pharmacy Student Program beginning on Friday, November 6, 2009 at 8:30 AM and ending at 5:00 PM. I further understand that it is my responsibility to transport my child to and from this activity.

I endorse that my child acknowledges this event and wishes to participate in lieu of its focus on the science - particularly pharmacy.

I (We) further, forever release, acquit, and discharge the Ernest Mario School of Pharmacy and any volunteers affiliated with this event, from any and all liabilities, claims, and causes of actions that I or we may have by reason of said participation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date