



Washington State University College of Pharmacy and Pharmaceutical Sciences

Rural Health Scholarship Application

Scholarship Description

Each Scholarship: \$5,000 per semester for up five semesters (\$25,000 total).

The purpose of the scholarship is to provide financial support for Rural Health Track students to offset the costs incurred for tuition but also for travel and housing associated with the capstone projects and selection of IPPE/APPE rotations in our highlighted rural communities.

Number: Four scholarships are available to Doctor of Pharmacy students in the Rural Health Track

Eligibility:

1. Be accepted into the WSU CPPS Rural Health Track
2. Maintain adequate progress towards completion of the requirements of the track, including elective coursework and capstone research project
3. Maintain good academic and professional standing and adequate progress towards graduation in the Doctor of Pharmacy program
4. Be from the state of Washington or have demonstrable ties to Washington
5. Agree to practice pharmacy in a rural or underserved community in Washington State for a minimum of 3 years within five years of licensure, excluding any post-graduate training

Terms: If a recipient fails to fulfill the above conditions, the CPPS reserves the right to withdraw the financial support and/or request repayment of awarded funds from the student to the extent permitted by law. The CPPS may, in its sole discretion, request repayment for a lesser amount than the financial support provided depending on the circumstances, including but not limited to whether certain service commitments have been partially fulfilled. To the extent the recipient fails to fulfill the terms and conditions of the award, the CPPS may impose up to 6% interest per annum on the awarded amount.

Scholarship Application Instructions:

- Deadline: November 12, 2025 at 11:59 pm
- Submit your complete application for the Rural Health Track
- Indicate your desire to be considered for the Rural Health Scholarship
- Sign and return the Scholarship Agreement Form by the deadline (see below)

FAQs:

- What is considered a rural area of Washington?
<https://www.ruralhealthinfo.org/am-i-rural>
- What is considered an underserved area of Washington?
<https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Rural Health Initiative Scholarship Agreement

First Name _____ Last Name _____

Entering Year _____ Graduating Year _____

Agreement:

I agree to complete the requirements of the Rural Health Track within the Doctor of Pharmacy Program and to maintain good academic standing and progress towards on-time graduation.

I agree to practice pharmacy in a rural or underserved community in the state of Washington for a minimum of three (3) years after graduation and licensure, excluding any post-graduate training.

I agree to write a letter of thanks to the donor(s) of the RHI scholarship funds prior to receiving the award each academic year.

I agree to provide the College with updated employment information and personal or professional contact information at least annually and with any changes for at least five years after graduation and licensure.

If I fail to fulfill all the above conditions, the CPPS reserves the right to withdraw the financial support and/or request repayment of awarded funds, to the extent permitted by law. The CPPS may, in its sole discretion, request repayment for a lesser amount than the financial support provided depending on the circumstances, including but not limited to whether certain service commitments have been partially fulfilled. To the extent I fail to fulfill the terms and conditions of the award, the CPPS may impose up to 6% interest per annum on the awarded amount. The remitted funds will be reassigned to a student who fulfills the pledge conditions.

Signature _____ Date _____