



2026

Daniel Fiedler Memorial Student Scholarship Award

Award Description:

The Pharmacists' Association of the Niagara Peninsula (PANP) Daniel Fiedler Memorial Student Scholarship Award is designed to recognize and support exceptional pharmacy students who are committed to advancing the field of pharmacy and providing outstanding patient care. This prestigious scholarship is open to students enrolled in recognized pharmacy programs both in Canada who demonstrate a strong desire to practice in the Niagara region.

For office use only

Date:
Approved scholarship:
Approved value:
Approved by:
Signature:

Contact information

Last name: _____ Given name: _____
Student ID No. #: _____ Date of birth (YYYY/MM/DD): _____
Phone #: _____ Cell #: _____
Email: _____ Alternative email: _____
Mailing address: _____

Please update my address on file: Yes No N/A
If yes, please provide your new address:

Please provide the following information

1. Pharmacy School: _____	Do you plan to practice pharmacy in the Niagara region after graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Program of Study: _____	
3. Current Year of Study: _____	
4. Expected Graduation Date: _____	

The eligibility of the Daniel Fiedler Memorial Student Scholarship Award will be assessed by the PANP Scholarship Committee based on the submitted documents the above criteria.

Please note that this scholarship is applicable for applications only from October 1st, 2025 intake until March 21st, 2026.

*Kindly email your **Scholarship Application Form** to awards@panp.ca . If extra space is needed for writing, please attach an additional word or pdf file. All applications must come from a University email.*



Please provide a brief statement detailing your plans for practicing pharmacy in the Niagara region:

ENDORSEMENT

Name of Endorser (Preceptor or Supervisor): _____
Title/Position: _____ Institution/Organization: _____
Phone Number: _____ Email Address: _____

Endorsement Letter: Please attach a letter of endorsement from your preceptor or supervisor detailing your qualifications, character, and suitability for the scholarship.

Describe your community involvement (500 words or less): *Include specific activities, roles, and the impact you have made in your community.*

Describe how you have exhibited traits of a healthcare leader (500 words or less): *Highlight specific instances where you have shown leadership, initiative, and the ability to guide others.*



Pharmacists' Association
of the Niagara Peninsula

Describe how you have demonstrated passion for patient care and the pharmacy profession (500 words or less): *Provide examples of your dedication and commitment to improving patient outcomes *

Is there any additional information you would like to provide to support your application? (Optional, 300 words or less):

DECLARATION

I hereby declare that:

- The information I have submitted in this application for the scholarship is true, correct, and complete to the best of my knowledge.
- I understand that submission of any false documents will result in the immediate cancellation of my application.
- I understand that completion of this signed application permits the Pharmacists' Association of Niagara Peninsula to request and/or confirm any information necessary to support my application for scholarship.
- I understand and acknowledge that it is my responsibility to be aware of, and comply with, all PANP terms and conditions for the scholarship.

Privacy & Data Protection

The information collected on this form is used by the Pharmacists Association of the Niagara Peninsula for the adjudication and administration of the scholarship.

The institution collects, uses, and discloses your personal information as permitted or required by applicable privacy legislation.

By submitting your application and agreeing to the terms and conditions, you expressly consent to the collection, use, and disclosure of your personal and educational information as described herein and are hereby notified that your personal information may be accessed and stored outside of and in Canada.

Signature

Date



**Pharmacists' Association
of the Niagara Peninsula**

TERMS AND CONDITIONS

- The PANP Daniel Fiedler Memorial Student Scholarship Award will be only applicable for applications from October 1st, 2025 intake until March 21st, 2026.
- Students must provide the required supporting documentation; incomplete applications will not be considered.
- Students only need to apply once to be considered for the 2026 scholarship.
- Students who have applied for the award previously but were not selected are eligible to reapply.
- Recipients of scholarships must maintain the required registration status, remain in good academic standing, and have no disciplinary sanctions (academic or conduct) throughout their studies to remain eligible.
- If the recipient withdraws their application for the scholarship, they are still eligible to apply the following year if they meet all criteria
- Scholarships are not transferable to other students.
- Decisions of the PANP Scholarship Committee are final.

By submitting this application form, you agree to all the Terms and Conditions related to scholarships as set out by PANP

I agree to all of the above statements and give my consent to the above terms.

Signature

Date