



### 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: \_\_\_\_\_

2. Program of Study: \_\_\_\_\_

3. Current Year of Study: \_\_\_\_\_

4. Expected Graduation Date: \_\_\_\_\_

Do you plan to practice pharmacy in the Niagara region after graduation?

☐ Yes ☐ No

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, this scholarship is applicable for applications only from February 1st, 2025 intake until March 14th, 2025.

Kindly email your **Scholarship Application Form** to [awards@panp.ca](mailto:awards@panp.ca) . If extra space is needed for writing, please attach an additional word or pdf file. All application 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.\*



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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.

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**Signature**

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**Date**



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of the Niagara Peninsula**

## **TERMS AND CONDITIONS**

- The PANP Daniel Fiedler Memorial Student Scholarship Award will be only applicable for applications from February 1st, 2025 intake until March 14th, 2025.
- Students must provide the required supporting documentation; incomplete applications will not be considered.
- Students only need to apply once to be considered for the 2025 scholarship.
- 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.

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**Signature**

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**Date**