

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Scholarship Committee Name]
[Pharmacy School or Organization Name]
[Address]
[City, State, Zip Code]

Dear Scholarship Committee Members,

I am writing to express my interest in the [Name of Scholarship] for the upcoming academic year. I am currently a [Your Year, e.g., second-year] pharmacy student at [Your University/College Name], and I have a strong passion for pursuing a career in pharmacy due to my commitment to healthcare and community service.

Throughout my academic journey, I have maintained a [Your GPA] GPA while actively participating in various extracurricular activities, including [list a few relevant activities, e.g., volunteer work, pharmacy-related clubs, etc.]. My experiences have reinforced my desire to contribute positively to patient care and public health.

Receiving this scholarship would greatly alleviate my financial burden and allow me to focus more on my studies and professional development. I am committed to giving back to my community and aspire to [mention any specific goals or aspirations related to your pharmacy career].

Thank you for considering my application. I am looking forward to the opportunity to further discuss my eligibility for the [Name of Scholarship].

Sincerely,

[Your Name]
[Your Student ID (if applicable)]