Larry Nesmith is a former member of AAPT who embodied the idea of formal education and training for anyone interested in becoming a Pharmacy Technician. He was a technician and technician educator. In his many roles, Larry was an advocate for excellent training of technician students and high quality continuing education for working technicians. AAPT offers a special Scholarship Award Program in honor and memory of Larry.

The AAPT Larry Nesmith Pharmacy Technician Education Scholarship Award Program (“Scholarship Program”) supports AAPT’s continued commitment to promoting formal education and training for Pharmacy Technicians, as well as continuing education for Pharmacy Technicians. This scholarship is available to individuals enrolled in an accredited program pursuing a diploma or associate degree in Pharmacy Technology or individuals pursuing continuing education while practicing as a Pharmacy Technician.

The Scholarship Program mission is to promote formal education and training for individuals aspiring to become Pharmacy Technicians and/or continue their pharmacy education. AAPT views formal education and continuing pharmacy technician education as critical to the continued long-term growth and advancement of its membership as well as helping build a talented and highly qualified pool of individuals who are committed to its high standards.

Eligibility for Formal Education Scholarship
Applicants applying to the Formal Education Scholarship Program must meet the following criteria:

1. The applicant must be a member of AAPT.
2. The applicant must be enrolled in an accredited Pharmacy Technology Program.
3. The applicant must have completed a minimum of 12-credit hours toward earning a diploma or associate degree in Pharmacy Technology.
4. The applicant must have an overall GPA of “C” or better.
5. Previous recipients of this award are not eligible to apply a second time.

Eligibility for Continuing Education Scholarship
Applicants applying to the Continuing Education Scholarship Program must meet the following criteria:

1. The applicant must be a member of AAPT.
2. The applicant must be a practicing pharmacy technician seeking continuing education specific to pharmacy technician practice.
3. The applicant must submit proof of successful completion of pharmacy technician-specific continuing education prior to Scholarship Program award.
4. Previous recipients of this award are not eligible to apply a second time.

Awards
One formal education scholarship award of up to $250 will be granted for each academic year, August - May/June based on monies available in the Scholarship Fund. Up to two continuing education scholarship awards of up to $50 for each award will be granted for each academic year, August - May/June based on monies available in the Scholarship Fund. These scholarships are offered to individuals who meet eligibility.
Application
Those interested are required to:

- Complete the AAPT Larry Nesmith Pharmacy Technician Scholarship Award Program application
- Submit a personal narrative
- Submit a current school official transcript of grades if applying for the Formal Education Scholarship
- Submit a sealed letter of recommendation from the program director or program responsible person that also includes the individual’s current enrollment status and projected date of graduation if applying for the Formal Education Scholarship
- Submit proof of successful completion of pharmacy technician-specific continuing education if applying for the Continuing Education Scholarship
- Submit a sealed letter of recommendation from the applicant’s pharmacist or supervisor if applying for the Continuing Education Scholarship
- Mail the above mentioned documents to the address on the application with a postmark no later than June 30th of the application year.

The personal narrative is a critical piece of the application package. The narrative should be in essay form and give a clear and concise picture of the applicant’s background, interests, and goals. This personal narrative should be typed in a 12-point font and not exceed 2 single-sided, double-spaced pages.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated according to the information provided; therefore, it is important to make sure all requirements are as complete as possible.

Selection of Recipients
Scholarship recipients are selected by the AAPT Executive Board on the basis of AAPT’s assessment of each applicant’s academic records, recommendation from the program director, program responsible person or supervisor, leadership and participation in school and community activities, honors, work experiences, and quality and content of the personal narrative.

All applicants will be notified by email before the end of July of the application year, whether or not they have been selected to receive an award.

Payments of Scholarships
Payments are administered by the AAPT Treasurer. The one-time payment of the awarded amount is processed in August of the application year. Checks are mailed or may be presented in person by an AAPT Representative. Checks are made payable directly to the selected individual(s) after review and verification of required documentation.

Other Information
AAPT reserves the right to amend or terminate the Scholarship Program at any time and for any reason, with or without notice. This document will govern in the event of any differences between it and any other communication related to the Scholarship Program. The provisions of this Scholarship Program document are subject to interpretation by the AAPT Executive Board whose interpretation will be final and binding. There is no guarantee that any scholarship will be awarded under the Scholarship Program.

Questions regarding the Scholarship Program can be submitted in writing to the address below or emailed to: president@pharmacytechnician.com

AAPT Larry Nesmith Pharmacy Technician Scholarship Award
P. O. Box 391043
Omaha, NE 68139
AAPT Larry Nesmith Pharmacy Technician Education Scholarship Award Program Application Form

All parts of this form must be completed for the application to be considered for a scholarship. Please print clearly using black or blue ink. The application must not be altered. Only original applications will be accepted (no facsimiles or copies).

Attach your personal narrative. Be sure to include a clear and concise picture of your background, interests, and goals. Also discuss your leadership and participation in school and community activities, and your honors and work experiences.

Personal Information
Name: ________________________________________ Last 4 digits SS#: __________

Street Address: ___________________________________________________________

City: ___________________________ State: _______ Zip: _________ Country: ______

Home/Cell Phone: ( ) - Work Phone: ( ) -

Email: __________________________________________________________________

School Information if Requesting Formal Education Scholarship
Name: _________________________________________________________________

Street Address: __________________________________________________________

City: ____________________________ State: ________ Zip: ________ Country: _____

Phone: ( ) - Fax: ( ) -

Expected Graduation Date: _________________

Continuing Education Information if Requesting Continuing Education Scholarship
Use a separate piece of paper to itemize each Continuing Education topic of which you seek Scholarship. Include the following:
- Continuing Education Provider
- Topic Title
- Date of Completion
- Cost
- A Certificate of Completion or other form of continuing education completion verification must accompany this application.

Attestation
“I understand that my transcript will be reviewed as part of my application. If awarded a scholarship I agree that AAPT may publish information related to my program of study, credit hours completed, Grade Point Average, community service, and future goals. As well, I consent to have information of my award shared with the family of the individual for which the scholarship is named.”

________________________________________ __________________
SIGNATURE OF APPLICANT DATE OF APPLICATION