

Guaranteed Admission Program APPLICATION FORM



University of Hawai'i at Hilo
The Daniel K. Inouye College of Pharmacy

PERSONAL INFORMATION					
Date					
Last Name		First Name			
Mailing Address					
City, State, Zip					
Home Phone		Cell Phone			
Email					
Date of Birth		Age	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	
City/State/Country of Legal Residence					
How did you hear about the Guaranteed Admissions Program?					
EDUCATIONAL BACKGROUND					
What is your status at UH Hilo?		<input type="checkbox"/> Accepted as new student in Fall 2018		<input type="checkbox"/> Applied, awaiting acceptance notification	
		<input type="checkbox"/> Will apply by May 2018		<input type="checkbox"/> Current Student, semester/year first attended:	
(For high school applicants only)				Current cumulative high school or college GPA	
High School attending and expected year of high school graduation					
List AP tests taken (including scores), and/or any college courses taken					
List honors, awards, and/or research experience received					

Leadership and/or service involvement
(school or community)

CERTIFICATION

I certify that the information submitted in this application is complete and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or failure to supply required information in connection with this application may result in the rejection of my application. I agree to provide supporting documents and verification of information upon request and give permission to the UH Hilo DKICP Guaranteed Admission Program to access any educational records I have on file with the University of Hawai'i at Hilo.

Signature of applicant		Date	
Signature of parent/guardian (if under the age of 18)		Date	

Guaranteed Admission Program

PERSONAL STATEMENT



University of Hawai'i at Hilo
The Daniel K. Inouye College of Pharmacy

Personal statements should be typed and address all of the following questions.

1. Describe why you want to be a Pharmacist and what has motivated you to pursue a career in Pharmacy.
2. Describe why you would like to attend the University of Hawai'i at Hilo and what you feel you can contribute as a student to our community.
3. Explain your most significant experiences in the areas of community service, research, volunteer and/or leadership and why you chose these experiences.
4. Describe what you've learned from your community service, research, volunteer and/or leadership experiences.

Guaranteed Admission Program LETTER OF RECOMMENDATION FORM



University of Hawai'i at Hilo
The Daniel K. Inouye College of Pharmacy

Name of Applicant	
Name of Recommender	

INSTRUCTIONS FOR THE APPLICANT

You are required to submit 2 Letters of Recommendation to complete the Daniel K. Inouye College of Pharmacy (DKICP) Guaranteed Admission Program Application. The letters should be written by people who can speak to your educational ability, motivation, interest in health care, and leadership skills. Letters should not be written by a family member, but could be written by teachers, counselors, school staff members, community leaders, coaches, employers, spiritual leaders, advisers, etc. **At least one of your letters MUST be written by one of your current or past teachers.** Please allow the Recommender to have plenty of time to complete this form, and have him/her mail the letter directly to the UH Hilo Pre-Pharmacy Office.

INSTRUCTIONS FOR THE RECOMMENDER

Personal references are an important part of the UH Hilo DKICP Guaranteed Admission process and are carefully reviewed. The UH Hilo DKICP Guaranteed Admission Program is an intensive program of study for students who wish to become Pharmacists. We wish to select students whose personal attributes and abilities indicate that they have a potential for success in a rigorous training program and as a competent, compassionate health-care professional.

We appreciate your time to candidly answer the following questions about the applicant. **Please address the following questions either on this form or in an attached letter.**

Recommender's Name			
Position/Title			
Name of Organization			
Address			
Phone		Email	

1. How long have you known the applicant and in what capacity? How frequent is/was your interaction with the applicant?

2. What are the applicant's strengths, particularly as they might apply to the study of science and the practice of pharmacy?

3. Briefly comment on the following qualities and characteristics:

Competence: Reflected in academic achievement, especially in reading and writing skills

Maturity: Responsible, independent, reliable, able to work with others

Motivation: Strong desire to succeed in school

4. Please describe the student's leadership skills as well as any potential the student has demonstrated for future leadership capabilities, citing specific examples you have observed or of which you are aware.

5. Overall recommendation for acceptance to the DKICP Guaranteed Admission Program:

Strongly Recommend

Recommend

Do Not Recommend

Recommender's Signature		Date	
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After completing the Letter of Recommendation, please return directly to the UH Hilo Pre-Pharmacy Office by **Tuesday, May 1, 2018**. **Please do not return to the student.**

Email to prepharm@hawaii.edu with the subject line

"UH Hilo DKICP Guaranteed Admissions Program"

or mail to:

The University of Hawaii at Hilo
Pre-Pharmacy Office
DKICP Guaranteed Admission Program
200 W. Kāwili Street
Hilo, HI 96720

Please direct questions to the UH Hilo Pre-Pharmacy Advisor at prepharm@hawaii.edu.