



New Brunswick
College of Pharmacists
Ordre des pharmaciens
du Nouveau-Brunswick

686 boul. St-George Blvd, Suite 200
Moncton, N.-B. E1E 2C6
Tel: (506) 857-8957 Fax / Téléc: (506) 857-8838
www.nbpharmacists.ca info@nbpharmacists.ca

J. VICTOR ROBICHAUD SCHOLARSHIP

J. Victor Robichaud was instrumental in elevating the standard of pharmacy practice in New Brunswick. He was an Honorary Life member of the College after being in practice for more than 50 years. He served as Registrar for 25 years and was also Executive Director of the New Brunswick Pharmacists' Association for 10 years. Mr. Robichaud was a past president of the Canadian Pharmacists Association and a recipient of the Whitehall Robins Bowl of Hygeia.

The New Brunswick College of Pharmacists is pleased to offer the J. Victor Robichaud Scholarship to a deserving pharmacist student whose principal residence is in the Province of New Brunswick.

APPLYING FOR THE J. VICTOR ROBICHAUD SCHOLARSHIP

Applicants for this award must submit a completed application form and send it to the attention of the NB College of Pharmacists' Awards Committee no later than March 31st of their second year in an approved pharmacy education program. The application must be accompanied by an essay that describes how the pharmacist student envisions their role in the community once they have become a pharmacist.

RENEWAL OF THE J. VICTOR ROBICHAUD SCHOLARSHIP

The successful candidate may apply for renewal of the award in their **third** year of the program. Renewal of the award will be conditional on having achieved acceptable academic achievement in the second year of studies. It is the responsibility of the candidate to make the request, in letter format, accompanied by their university transcript of marks, no later than the stated deadline of March 31st.

The application form and any accompanying documentation must be sent to the New Brunswick College of Pharmacists, Attn: Awards Committee.



J. Victor Robichaud Scholarship Application Form

Pharmacist Student

First Name:

Last Name:

NBCP Registration number:

Telephone (*home*): Telephone (*cell*):

E-mail address:

Permanent/Home Address: Apt. #:

City: Province:Postal Code:

High School Graduated from: Year of High School Graduation:

Address while attending University:

Name of University Currently Enrolled in:

Expected year of graduation:

Name of Dean of Pharmacy.....

.....
Signature of applicant

.....
Date

.....
Signature of Dean of Pharmacy

.....
Date