



**Walgreens-Chicago College of Pharmacy Career Explorers Program, 2012**  
**Jewel/Osco - Chicago College of Pharmacy Career Explorers Program, 2012**  
**Hospital Pharmacy Career Explorers Program, 2012**

## **Application for Consideration**

Directions:

This application can be used to apply to the Walgreens-Chicago College of Pharmacy Career Explorers Program, the Jewel/Osco-Chicago College of Pharmacy Career Explorers Program and the Hospital Pharmacy Career Explorers Program.

1. Complete the application form.
2. Arrange for a copy of your official high school transcript, which includes your high school ranking and cumulative grade point average, to be sent to the Dean's Office, c/o Ms. Cheryl Elder, Chicago College of Pharmacy, 555 31<sup>st</sup> Street, Downers Grove, Illinois 60515.
3. Have two of your teachers or counselors complete the attached letter of recommendation forms, and have them sent directly to the Dean's Office, c/o Ms. Cheryl Elder, Chicago College of Pharmacy, 555 31<sup>st</sup> Street, Downers Grove, Illinois 60515.

You will be notified if you are selected for an interview. If selected, the Chicago College of Pharmacy will arrange for an interview over the telephone. You will be notified of a final decision no later than May 4, 2012. If accepted to the retail program, you will be assigned to either a Walgreens or Jewel/Osco program by the College. If you are selected for the hospital program, you will be assigned by the College to a specific hospital.

If you have questions while completing the application, contact Ms. Cheryl Elder, Dean's Office, Chicago College of Pharmacy, 630-971-6417 or e-mail [celder@midwestern.edu](mailto:celder@midwestern.edu).

**Application deadline:**  
**March 2, 2012**

During the Walgreens-Chicago College of Pharmacy Career Explorers Program, the Jewel/Osco-Chicago College of Pharmacy Career Explorers Program and the Hospital Career Explorers Program, accepted students must:

1. Attend all sessions. Attendance is mandatory.
2. Arrange for their own transportation to the Chicago College of Pharmacy and to their assigned pharmacy sites.
3. Apply for and obtain a pharmacy technician license. To obtain or download an application, contact the Department of Financial and Professional Regulation (IDFPR, phone 217-785-0800, or website <http://www.idfpr.com>). To apply for a license, you will need to submit an application and a \$40 fee to the IDFPR.



*~Please check only one box for the Walgreens, Jewel/Osco or Hospital Pharmacy Career Explorers Program*

Walgreens-Chicago College of Pharmacy Career Explorers Program, 2012

Jewel/Osco- Chicago College of Pharmacy Career Explorers Program, 2012

Hospital Pharmacy Career Explorers Program, 2012

**Application for Consideration**

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Other Name(s) Under Which You May Have Records \_\_\_\_\_

Preferred Mailing Address/Telephone:

\_\_\_\_\_  
Street City State Zip Code + 4 Digit Postal Code

Home Telephone ( ) \_\_\_\_\_ Cell Telephone ( ) \_\_\_\_\_

Email address \_\_\_\_\_

**REQUIRED**

Temporary Mailing Address/Telephone:

Effective Start and End Date \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code

Home Telephone ( ) \_\_\_\_\_ Cell Telephone ( ) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender\*\*  Male  Female

Race or Ethnic Origin\*\*

- White (Non Hispanic)
- Black (Non Hispanic)
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hispanic
- Other\_\_\_\_\_

Birth Date\*\* \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthplace\*\* \_\_\_\_\_  
City State Country

U.S. Citizen or National?  Yes  No

If you checked no, indicate status and enclose documentation:

- Permanent Resident
- Eligible Non-Citizen
- Temporary Non-Citizen

Have you ever been convicted of a felony?  Yes  No

If yes, please explain\_\_\_\_\_

Has any formal disciplinary action been taken against you?  Yes  No

If yes, please explain\_\_\_\_\_

**FAMILY INFORMATION (optional)**

Please provide the following information:

Father

Mother

Name\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

Phone\_\_\_\_\_

Occupation\_\_\_\_\_

Occupation\_\_\_\_\_

Are you related to an MWU alumnus/employee?  Yes  No

If yes, who?\_\_\_\_\_

Relationship\_\_\_\_\_

\*\*The age, gender, race, and family data will be used to help evaluate our efforts relative to providing equal educational opportunity for all incoming students. These data are optional and will not be used as selection criteria during the admission process.

**EMPLOYMENT AND LIFE EXPERIENCE**

In chronological order, list the extracurricular and/or community/volunteer activities in which you participated during high school. Identify any offices held and/or awards, honors and distinctions earned while participating in these activities (you may use a separate sheet of paper).

**Extracurricular Activities (high school)**

Organization	Awards/Honors	Role/Activity	Approx. Hours Per Week	Dates

**Community/Volunteer Activities (high school)**

Organizations	Awards/Honors	Role/Activity	Approx. Total Hours Volunteered	Dates

Beginning with your current position, list in chronological order all full- and part-time employment. Include position titles, dates, approximate hours worked per week and places of employment (you may use a separate sheet of paper or attach a resume in lieu of completing this section).

Began Mo./Yr.	Ended Mo./Yr.	Approx. Hours Per Week	Position Title	Place of Employment (Name)	City, State, or Country

**ACADEMIC INFORMATION**

High School Attended \_\_\_\_\_ \*Expected Date of Graduation \_\_\_\_\_

**\*(may be May/June 2012 or 2013 for Walgreens and Jewel/Osco programs but MUST be May/June 2012 for Hospital Program applicants)**

List all regionally accredited high schools that you have attended or are currently attending. Failure to provide complete information may result in subsequent dismissal.

Name of Institution (use these numbers when completing your worksheet)	Location (City,State)	Attendance Dates From Mo./Yr. To Mo./Yr.	Degree/Date (if any)	Class Rank	Overall GPA (4-point scale)	OFFICE USE ONLY
1.						
2.						
3.						
4.						
5.						
6.						
7.						

**PERSONAL STATEMENT (REQUIRED):**

**Please answer the appropriate question to correspond to the program you are applying to.**

Please write a brief statement (no more than 250 words or one page) about why you are interested in pharmacy as a career and in participating in the Walgreens-Chicago College of Pharmacy Career Explorers Program or the Jewel/Osco-Chicago College of Pharmacy Career Explorers Program. If necessary, use a separate sheet of paper.

Please write a brief statement (no more than 250 words or one page) about why you are interested in pharmacy as a career and in participating in the Hospital Pharmacy Career Explorers Program. If necessary, use a separate sheet of paper.

Please write a brief statement in response (no more than 250 words or one page) to the following question-- How is the role of a pharmacist unique in the care of patients?

**SIGNATURE/ATTESTMENT (REQUIRED):**

My signature below indicates that all information contained in this application is factually correct and complete. I understand that the misrepresentation or omission of application information is sufficient grounds for canceling my participation in this program.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Midwestern University considers for admission those students who possess the academic and professional promise necessary to become outstanding health professionals. The University does not discriminate on the basis of sex, age, race, color, national and ethnic origin, sexual orientation or disability\*.*

*Applicants must be able (with reasonable accommodations) to meet the technical standards as outlined in the University catalog.*

*Before you submit this application, we suggest that you make a copy to keep for your records.*

**Please mail application directly to the Dean's Office, c/o Ms. Cheryl Elder, Chicago College of Pharmacy, Dean's Office, 555 31<sup>st</sup> Street, Downers Grove, IL 60515 by March 2, 2012.**

## Midwestern University

Pharmacy Recommendation Form for the Walgreens-Chicago College of Pharmacy Career Explorers Program, the Jewel/Osco Chicago College of Pharmacy Career Explorers Program, or the Hospital Pharmacy Career Explorers Program

Chicago College of Pharmacy, 555 31<sup>st</sup> Street, Downers Grove, Illinois 60515

**TO THE APPLICANT:** Select recommenders who can rate you on eight or more of the items below. The following section must be completed before sending to the recommender.

### Waiver of Access to Confidential References

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that at my option, I may waive the right to review this letter of recommendation (please check your choice below).

- I waive my right to inspect this letter.
- I do NOT waive my right to inspect this letter.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

If you do not check one of the above actions or do not authorize this waiver by signature, then the program will assume you have not waived access.

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant?  Advisor  Professor  
 Other Professional \_\_\_\_\_

Please indicate your recommendation for this applicant:

- I recommend this applicant without reservation.
- I recommend this applicant with the following reservation(s): \_\_\_\_\_  
Why? (Optional) \_\_\_\_\_

**RECOMMENDER (please print):** Please enclose this completed form in an envelope. Seal the envelope, sign your name across the seal and return the envelope to Ms. Cheryl Elder, Dean's Office, Chicago College of Pharmacy, 555 31<sup>st</sup> Street, Downers Grove, Illinois 60515. **The deadline for submission is March 2, 2012.**

Name \_\_\_\_\_

Title/Occupation \_\_\_\_\_

Institution/Department \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO THE RECOMMENDER: Please indicate your impression of this applicant with regard to the following factors using a 5 point scale (with 5 being exceptional and 1 being unacceptable). Eight (8) or more of these items must be marked.**

Factors	5 (Exceptional)	4 (Commendable)	3 (Satisfactory)	2 (Marginal)	1 (Unacceptable)	0 (Unable to Judge)
Motivation						
Maturity						
Interpersonal Relations						
Empathy						
Critical Thinking						
Reliability						
Leadership						
Communication Skills						
Integrity						
Quality of Work						

Please provide additional written comments regarding the applicant's suitability for the pharmacy profession.

**Please mail letter of recommendation directly to the Dean's Office, c/o Ms. Cheryl Elder, Chicago College of Pharmacy, Dean's Office, 555 31<sup>st</sup> Street, Downers Grove, IL 60515 by March 2, 2012.**

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Title/Occupation \_\_\_\_\_

Institution/Department \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Maturity						
Interpersonal Relations						
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Quality of Work						

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