

2025 Albany College of Pharmacy & Health Sciences Scholarships

Dancan Oruko

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Application Form

Applicant Information

What state do you reside in?*

Enter the state you reside in

New York

What county do you reside in?*

Enter the county you reside in

Albany, NY

Student Status*

If you have not yet graduated high school, select Graduating High School Senior, even if you have completed college level courses.

Current undergraduate student

Academic History

High School Name*

Select the high school you attended

Other high school

GPA*

Enter your most recent cumulative GPA to 2 decimal places

3.96

Did you attend high school in any of the following cities?*

Select the city you went to high school in, if applicable.

Other

What county was your high school in?*

Enter the county your high school is in.

Other

Other High School

What is the name of your high school?

Kanga High School

Other High School City

What city is your high school in?*

Rongo

Other High School County

What county is your high school in?*

Migory, Kenya

Extracurricular Activities

ACPHS Sports*

Select the sport(s) you play.

Other/I did not play sports at ACPHS.

Are you a member of student government?*

Are you a member of student government?

No

ACPHS Sports

How long have you played this sport at ACPHS?*

< 1 year

College/University Information

Degree/Major*

Please choose your intended major, or select 'Undecided'

Pharmaceutical Sciences

Year in school*

Select your year in school

4th Year

Plans for post graduation*

ACPHS team - would MD and DO be the same thing as an "advanced degree in the medical field" as described by Stote (line 51)? I'm trying to determine if this is the same as Stewart (line 5) - Dana

Review the following options carefully and select ALL that apply to you.

I plan to obtain my MD or DO.

I am interested in precision medicine.

I intend to pursue a career in pharmacokinetics, clinical pharmacology, or translational research.

What is your enrollment status?*

Full time or part time?

Full time

Student ID Number*

Please type your student ID number

315107

Pharm D Program

Are you / did you enter the Pharm D program directly from high school?*

Are you / did you enter the Pharm D program directly from high school?

No

Financial Information

Financial Need?*

Do you have financial need?

Yes

Do you work part-time?*

Do you work part time?

Yes

Miscellaneous

Have you completed at least 2 years of military service?*

Have you completed at least 2 years of military service?

No

Are you a first generation college student?*

Are you a first generation college student?

No

Are you involved with a Fraternal Organization?*

No

Permission to Share Information

By completing and submitting this form, you're granting ACPHS permission to let the alumni, endowers, or donors of the scholarship(s) you receive basic information about you such as your name, student ID, program of study, etc. You will also want to contact alumni@acphs.edu for more information about additional steps that may need to be completed to secure the scholarship such as Thank You Letters, donor contact, and the like.

File Attachment Summary

Applicant File Uploads

No files were uploaded