



NACDS Foundation Summer Internship

First Name	Last Name
Available Start Date:	Available End Date:
Flexible Availability:	

Current Address (While Attending School)	
Address 1	
Address 2	
City	State
Zip Code	Email
Daytime Phone	Evening Phone

Permanent Address	
Address 1	
Address 2	
City	State
Zip Code	Email
Daytime Phone	Evening Phone

College/School of Pharmacy Information
School Name:
Expected Graduation Date (Month/Year):
In February of 2010, what year of pharmacy school will you be in?

Community Pharmacies you are currently or have recently been employed by		
Please list your three most recent chain pharmacy employers below, starting with the most recent (For editing purposes, if person is currently employed, please enter, "Currently Employed" in the End Date field)		
Pharmacy Name (most recent first)	Start Date of Employment	End Date of Employment

Please mail your completed application materials to:

NACDS Foundation
 Attn: Sarah Sneeringer
 413 N. Lee Street
 Alexandria, VA 22314
 ssneeringer@nacds.org