Pharmacy Student Mentee Position – Application

Name: _____

Year of Study: ☐ 2nd ☐ 3rd

Email: _____ Phone: _____

Please attach your CV to this application.

Please attach a personal statement explaining your goals and motivations for applying for the Student Mentee position (in 250 words or less).

Are you currently a member of CSHP? ☐ Yes ☐ No

If yes, indicate year(s) of membership: _____

This position requires you to work closely with the Branch President, attend Branch Council meetings (if available), attend Membership Committee meetings, and participate in other activities to further the goals of the Branch.

_____ _____

Signature Date

Deadline to apply: **October 2, 2026 by 23:59 pm**

Please email your completed application and CV to the CSHP Membership Committee at cshp.ns.membership@gmail.com. You will receive a confirmation email within 48 hours that your application was received.