



Komoto Family Foundation Pharmacy Scholarship 2026-2027

The Komoto Family Foundation is awarding **up to \$20,000 per student in pharmacy school scholarships**. Students attending a four-year program will receive up to \$5,000 per year, while students attending a three-year program will receive up to \$6,667 per year.

Purpose

The mission of the Komoto Family Foundation is to promote wellness and health equity in partnership with under-resourced communities, with a focus on improving access to pharmacist-provided healthcare services. Communities in the San Joaquin Valley are experiencing a shortage of healthcare providers including pharmacists, resulting in a lack of access to care and exacerbation of health disparities. Research has shown that providers who share lived experiences with their patient population have a history of delivering higher quality care. In order to better meet the needs of the underserved patients in the Central Valley, the Komoto Family Foundation Pharmacy Scholarship was established to provide financial support for San Joaquin Valley students who are attending pharmacy school and intending to practice in Fresno, Kern, Kings, or Tulare County.

Application Details

1. DEADLINE to apply is **May 15, 2026**.
2. See Eligibility Criteria below for eligibility requirements.
3. See Application Process below for required documents. Incomplete applications will not be considered.
4. Submit the application and supporting documents and any questions to Dr. Colayco at dcolayco@komotohealthcare.com
5. You will be notified by email by June 5 regarding the status of your application.
6. The scholarship committee will select applicants to proceed to Phase 2 for an interview. Final scholars will be selected after all interviews are conducted.
7. Scholarship funds will be awarded to the student's college/university account (applied towards tuition/cost of attendance) upon verification of registration.

Eligibility Criteria

1. Must be a current or former resident of Fresno, Kern, Kings, or Tulare County.
2. Must be enrolled in or accepted to a Doctor of Pharmacy (PharmD) program in an ACPE-accredited school or college of pharmacy.
3. Must remain in good academic standing for the duration of the scholarship.



4. Upon licensure as a Registered Pharmacist, the scholarship recipient agrees to work in Fresno, Kern, Kings, or Tulare County for a minimum of 2 years. If a residency/fellowship program is completed outside of the San Joaquin Valley, upon graduation recipient agrees to return to work in Fresno, Kern, Kings, or Tulare County upon completion of residency/fellowship program. Failure to comply will result in the recipient being required to pay back any funds disbursed on their behalf.

Application Includes the Following:

1. Completion of the Free Application for Federal Student Aid (FAFSA). Include a copy of the confirmation email of submission.
2. Copy of admission letter to school/college of pharmacy (for incoming first year students) or official transcript sent directly from current school/college of pharmacy (for current pharmacy students)
3. Minimum of two letters of recommendation from academic and/or professional contacts (e.g. professor, teacher, work supervisor/colleague, community service advisor) submitted directly to dcolayco@komotohealthcare.com
4. Your personally written essay
 - a. 1-2 pages, double-spaced, 12 point font, Times New Roman
 - b. Must include the following:
 - i. Why you are pursuing pharmacy as a career
 - ii. The impact you hope to have as a pharmacist practicing in the San Joaquin Valley
 - iii. The impact this scholarship will have on you
5. Resume/Curriculum Vitae (CV)
6. Application form

Interview Process

Not all applicants will be interviewed. Selection of applicants for interview will be done by a committee and will be based on complete application received by the deadline and evaluation of application material submitted.

The purpose of the interview is to assess the applicant's interpersonal and communication skills, to clarify any questions that the committee may have, and to respond to questions that the applicant may have.



Application Form

Name _____

Pronouns (e.g. she/her, he/him, they/them, etc) _____

Address _____

Phone _____ Email _____

Current Pharmacy School _____

Projected graduation year from pharmacy school _____

Language(s) spoken, level of proficiency (e.g. basic/conversational/proficient/fluent)

Did any of your parents/legal guardians complete a four-year bachelors degree? Yes/No

Sources of financial support for pharmacy school _____

Are you applying for a student loan? Yes/No

Please attach the following items:

- An essay (1-2 pages, double-spaced, 12 point, Times New Roman font) answering the following questions:
 - Why you are pursuing pharmacy as a career?
 - What impact do you hope to have as a pharmacist practicing in the San Joaquin Valley?
 - What impact would this scholarship have on you?
- Minimum of two letters of recommendation from academic and/or professional contacts (e.g. professor, teacher, work supervisor/colleague, community service advisor) submitted directly to dcolayco@komotohealthcare.com
- Resume/Curriculum Vitae (CV)
- Copy of admission letter to school/college of pharmacy (for incoming first year students) or official transcript sent directly from current school/college of pharmacy (for current pharmacy students)



Application Certification

I certify that all information in this application is true and accurate to the best of my knowledge. The personal essay is an original work written by myself and is free from plagiarism and the use of artificial intelligence (AI) tools.

I authorize the Komoto Family Foundation to release any information submitted as part of this application process to the scholarship selection committee, and I permit the Komoto Family Foundation to verify any information submitted as part of this application.

I understand that:

- Falsification of information will disqualify my application.
- If falsification is discovered after I have been awarded the scholarship, I will be required to repay all funds awarded and administrative fees.
- Once submitted, my application and all supporting documents become the property of the Komoto Family Foundation.
- My statements, essays, and photographs may be used for, but not limited to marketing/advertising, program reports, newsletters, and other publications.
- If awarded the scholarship, all funds will be distributed directly to the institution listed in my application.

I also certify that I must complete and provide the proof of employment form upon obtaining employment as a registered pharmacist. If a residency/fellowship program is completed outside the San Joaquin Valley, the proof of employment form must be provided upon employment after the residency/fellowship.

Signature _____ Date _____

Printed Name _____



Application Checklist:

___ FAFSA submitted online to school/college of pharmacy. Copy of confirmation email of submission included.

___ Two signed letters of recommendation sent directly to dcolayco@komotohealthcare.com

___ Copy of admission letter to school/college of pharmacy (for incoming first year students) or official transcript sent directly from current school/college of pharmacy (for current pharmacy students) sent through Parchment to dcolayco@komotohealthcare.com

___ Personal Essay

___ Resume/Curriculum Vitae (CV)

___ Completed and signed application form

Submit the application and supporting documents and any questions to Dr. Colayco at dcolayco@komotohealthcare.com