SCHOOL OF PHARMACY

Class of 2023
Need-Based
Scholarship Application

Applicant Information

Full Name: _____ Date: _____

Last *First* *M.I.*

Current:
Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: _____ Email _____

MU ID Number (if applicable) _____ Gender: _____

Official State of Residence: _____ Date of Birth: _____

Education

Primary College: _____ City/State: _____

Cumulative GPA: _____ Prerequisite GPA: _____

Composite PCAT Score: _____ First Generation College Student: YES ☐ NO ☐

Personal Essay (250-500 words)

*Please submit a personal statement below and include the following: why you chose MUSOP and from a financial standpoint, what impact would this scholarship have on your education? *Please attach document if additional space is needed.*

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a scholarship, I understand that false or misleading information in my application could have my scholarship revoked. Additionally, I agree to complete a thank you note to the donor at the designated time as indicated by the Marshall University School of Pharmacy. Failure to do so may result in disciplinary action.

Signature: _____ Date: _____