



SCHOOL OF PHARMACY

# Class of 2024 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: \_\_\_\_\_

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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_