



SCHOOL OF PHARMACY

*W.B. "Bart" and Doris Andrews Scholarship for the School of Pharmacy*

**Application**

\_\_\_\_\_ 901  
Last Name First Name MU Student No.

\_\_\_\_\_  
Street Address (Permanent)

\_\_\_\_\_                                   
City State Zip Code County

\_\_\_\_\_  
Street Address (While at School)

\_\_\_\_\_                                   
City State Zip Code County

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

In addition, please provide the following documentation.

Essay (500-1000 word) describing how your experiences with leadership, community / civic services and professional organizations will assist in preparing you for a career in the profession of pharmacy.

Submission Deadline is March 1. Please submit completed application with essay to the Office of Student Affairs. May mail or send electronically to the attention of Jennifer Kennedy, Director of Student Affairs and Assessment ([Jennifer.Kennedy@marshall.edu](mailto:Jennifer.Kennedy@marshall.edu))