



SCHOOL OF PHARMACY

# Early Assurance Scholars 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: \_\_\_\_\_ Gender: \_\_\_\_\_

Official State of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ ACT/SAT Score: \_\_\_\_\_

ACT/SAT Math 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 Marshall University/MUSOP and what impact would this program have on your education and future success as a pharmacist?*

*\*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 admittance into the Early Assurance Scholars Program, I understand that false or misleading information in my application could have my membership revoked. Additionally, I agree to complete all activities associated with the Early Assurance Scholars Program as assigned by MUSOP.*

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