



SCHOOL OF PHARMACY

Fruth Pharmacy Scholarship for the School of Pharmacy

_____ 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: _____

West Virginia Resident Dates of residency: _____

Ohio Resident Dates of residency: _____

Essay (500-1000 words) describing your interest in community pharmacy

Submission Deadline is March 15th. Please submit completed application with essay to the Office of Student Affairs. May mail or send electronically to the attention of Terri Moran, Assistant Dean of Student Affairs at (MUSOPScholarships@marshall.edu)

Do Not write Below This Line

Internal Use Only

GPA ≥ 2.5	
County of residence in WV/ Ohio	
Essay Score	
Total Score	