



## SCHOOL OF PHARMACY

### Marshall University School of Pharmacy Scholarship Award

\_\_\_\_\_ 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: \_\_\_\_\_

Average hours worked during a week \_\_\_\_\_ (with in the last six weeks)

Essay (500-1000 words) from a financial standpoint, describe the impact this scholarship will have on your education and family.

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))

#### Do Not Write Below the Line

#### Internal Use Only

GPA	
Pre-requisites completed by May 30th	
EFC Score	
Essay Score	
Average Hours worked	
Total Score	