



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 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 the Line

Internal Use Only

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