



SCHOOL OF PHARMACY

## Marshall University School of Pharmacy Leadership Scholarship

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

901 \_\_\_\_\_  
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 provided the following documentation.

1. Essay (500-1000 word) describing your thoughts on the importance of leadership in the profession of pharmacy and how you plan on contributing.

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))