



SCHOOL OF PHARMACY

Pharmacy Professional Development Scholarship

_____ 901 _____
Last Name First Name MU Student No.

Street Address (Permanent)

_____ _____ _____ _____
City State Zip Code County

Street Address (School)

_____ _____ _____ _____
City State Zip Code County

Telephone: () _____ E-Mail Address: _____

Pharmacy Organization Involvement

Pharmacy Organization	Date of Membership	Office / Position	Description of involvement

Research Advisor: _____

Letter of recommendation from research advisor

Essay (500-1000 words) Describing your involvement in research at Marshall University School of Pharmacy and your plans for future research through post graduate training of PhD or pharmacy residency.

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)