

Student's Name: _____ Marshall ID Number: **901**_____ SCH003



**2017-2018 Fruth Pharmacy Employee
Scholarship Application
for Marshall University Students**

Recipients shall be employees or family members of employees of Fruth Pharmacy. Members of family include: spouses, children and grandchildren. Recipients must be full or part-time college students with a GPA of 2.5 or above who have demonstrated community involvement through work experience and/or community service volunteer activity.

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone (____) _____ E-Mail Address: _____

Planned college academic major? _____

From what high school did you graduate? _____

High school graduation date: _____ Current GPA: _____

What is the name of the Fruth pharmacy employee to whom you are related?

What is your relationship to that person? _____

On a separate sheet of paper please list:

- Community Service
- Work Experience
- Volunteer Experience

Student Signature: _____ Date: _____

Submit complete application by March 1, 2017, to:

Office of Student Financial Assistance
Marshall University
1 John Marshall Drive
Huntington, WV 25755-3300
Phone 304.696.3162

For Office Use

Applicants will be notified of their award status through myMU.

Fax 304.696.3242