

SHRIVERS PHARMACY SCHOLARSHIP APPLICATION



SHRIVERS
PHARMACY

Because We Care...

**\$750.00 scholarship for students planning
a career in pharmacy or**

**\$250.00 scholarship for students planning a career
in nursing or any allied medical profession.**

Name: _____ Date: _____

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____ Cell Number: _____

E-mail Address: _____

High School: _____ Year Graduating: _____ GPA: _____

Name of College Attending: _____

Enroll Date: _____ Major/Intended Major: _____

Estimated Expense
(one year)

Tuition & Fees:

Room & Board:

Books & Supplies:

Other Expenses:

Estimated Income

(Divide by the number of years needed for education)

Savings:

Earnings, Summer:

Aid from Parents:

Known Scholarships:

Please attach to your application your transcripts and an essay why you feel you are the best choice for this scholarship. Include any special achievements, honors, community involvement or activities.

Signature: _____

(By signing and submitting this form I declare my intention to continue my education beyond high school at the above named college.)

This Scholarship is given the 1st semester of the second year provided student is still enrolled in original intended major.

Thank you for your application for the Shriver Pharmacies Scholarship.
John Coler, Owner of Shrivers Pharmacies

Mail application to: Shrivers Pharmacy
Scholarship Application
1815 Chandlersville Road, PO Box 3506, Zanesville, OH 43701

or apply online at: www.shriverspharmacy.com/Scholarship-Opportunities/