

SHRIVERS PHARMACY SCHOLARSHIP APPLICATION



SHRIVERS
PHARMACY[®]

\$10,000 Total Awarded

(1) \$5,000 Scholarship to a student pursuing a PharmD

(5) \$500 Scholarships to students pursuing a PharmD or any Allied Healthcare Degree

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
2050 East Pike, Zanesville, OH 43701

or apply online at:

www.shriverspharmacy.com/Scholarship-Opportunities/

- *PharmD Students who are awarded a scholarship also can be provided an opportunity to come to work at Shrivers Pharmacy that includes a \$5,000 sign on bonus.*
- *Scholarship students can also be provided employment opportunities at all Coler Healthcare businesses.*