

Western Michigan Society of Health-System Pharmacists

Scholarship Application

Name _____
 Last First Middle Initial

Permanent Address _____

Are you a native or current resident of Western Michigan? If so, please explain. _____

College of Pharmacy _____

GPA _____

Anticipated Graduation Date _____

Why did you choose to go into pharmacy school? (Attach a separate page if necessary)

What are your professional goals upon graduation? _____

Professional Involvement

What pharmacy-related organizations do you belong to? (Include offices held and years of membership) _____

List other school and community activities that you have been an active participant in during college. _____

