

MSHP Scholarship Application Form

Please fill out this form in its entirety. Failure to complete the entire form will result in forfeit of application.

First Name		Last Name		Middle Initial	
Email Address		Phone Number			
Home Address		City		State	ZIP Code

	School Name, City, and State	Course of Study/Major	Graduated	Degree Received	Cumulative GPA
High School			Yes [] / No []		
College			Yes [] / No []		
Other			Yes [] / No []		

Name of Pharmacy Technician Program Enrolled In:	
Is acceptance letter attached?	

Please specify community involvement, extracurricular activities, volunteer involvement, and any awards or honors you have received.

Involvement/Award	Date(s) Participated/Date Received

Short Answer Questions

1. Why do you want to be a pharmacy technician? (500 words or less)

2. MSHP's mission is to *help people achieve optimal health outcomes through support and advancement of the professional practice of pharmacy*. Briefly describe how you will do this as a pharmacy technician. (500 words or less)

3. Tell us why you deserve this scholarship opportunity. (500 words or less)

I agree that all of the above information is accurate and true.

Full Name: _____

Signature: _____

Date: _____

Please submit completed forms to Marcy Peterson, mpeterson@mnsph.org.