



Vermont  
Pharmacists  
Association

P.O. Box 818  
Milton. Vt. 05468-0818

James Marmar, RPh, Executive Director  
Building One Voice for Pharmacy

Toll Free: 877-483-2646

Fax: 802-229-5930

## SCHOLARSHIP APPLICATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COLLEGE OF PHARMACY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPROXIMATE FAMILY EARNINGS (check one):

\_\_\_\_\_ Below \$30,000    \_\_\_\_\_ \$30,000 TO \$60,000    \_\_\_\_\_ \$60,000 to \$100,000    \_\_\_\_\_ Over \$100,000

### PHARMACY RELATED WORK EXPERIENCE

Asterisk your current position(s)

### WRITTEN QUESTIONS

(Attach additional sheets if needed)

What area of pharmacy practice are you currently interested in? Why?

Which leadership activities and organizations are you involved in (pharmacy, community, church, etc.)?

Please enclose the following and forward by August 15, 2015 to James Marmar at address below.

1. Transcripts of grades from the previous year.
2. Recommendations from a Vermont pharmacist.
3. Recommendation from a member of college faculty.
4. Applicant must be 3<sup>rd</sup> year pharmacy student or higher.

PLEASE FORWARD APPLICATION TO:

JAMES MARMAR RPH  
VPA  
PO BOX 90  
WOODSTOCK VT 05091