



Vermont
Pharmacists
Association

P.O. Box 818
Milton, VT 05468

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, 2014.

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 3rd year pharmacy student or higher.

PLEASE FORWARD APPLICATION TO:

JAMES MARMAR RPH
VPA
PO BOX 90
WOODSTOCK VT 05091