

# NHSHP Scholarship Award Application

Richard Madden and Linda Doerr Memorial Scholarship

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| **Name** (Last, First, Middle) |  |
| **College/ School of Pharmacy** |  |
| **Anticipated Year of Graduation from Doctor of Pharmacy Program** |  |
| **Year in Pharmacy School (i.e., completed 3 years of a 6 year program)** |  |
| **Permanent Home Address** |  |
| **Mailing Address** (if different) |  |
| **Phone Number** |  |
| **Email** |  |

Please submit this application form along with other required items as outlined in the NHSHP Scholarship Award Guidelines.

**Student Affidavit**

I hereby certify that the information contained herein is correct and complete and that I will use the proceeds of any aid awarded only for payment of direct educational and other college-related expenses. I understand that conditions for receiving scholarship aid, from the NHSHP Scholarship Committee, are contingent upon maintaining satisfactory progress toward graduation and that failure to comply with these requirements could result in the revocation of any awards for the current school year.

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Applicant Signature Date