



PO Box 3506 • Zanesville, Ohio 43701 • Phone 740-452-7685 • Fax 740-452-7655



## 2023 Educational Scholarships

As an organization, Shrivvers Pharmacy recognizes the determination it takes to pursue higher education and a degree in Pharmacy or an Allied Healthcare program. Shrivvers Pharmacy celebrates that commitment by offering the Shrivvers Pharmacy Scholars Program (The Program). The Program provides (2) annual \$750.00 scholarships to enrolled Pharmacy students OR (1) annual \$250.00 scholarship to \*Allied Healthcare students. Scholarships will be awarded during the first semester of the awarded student's sophomore year. The awarded student may use their scholarship for tuition, fees, books or cost of attendance.

**Please Note: Your application must be complete and include the required attachments to be considered by the selection committee. Review the following checklist before submitting your application.**

### Eligibility & Requirements

Students must be enrolled full time in a professional pharmacy degree program or graduate program at an accredited college or school of pharmacy

Must attend a high school located in a county where one of our stores are located

Must submit their official report card at the end of each semester during the year they receive the scholarship.



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Students are welcome to apply for this scholarship each year they are enrolled in one of the qualifying programs.

Complete at least one academic year in the professional sequence of courses.

Earn a cumulative grade point average of at least 2.75 on a 4.0 scale (or equivalent grading system) in professional coursework during pharmacy school.

### All Applicants Must Provide

Completed application to 1811 Chandlersville Rd. Zanesville, OH 43701 by April 15

Complete official transcript of high school and/or college grades

Letter of acceptance from accredited college or university

Three letters of recommendation

ACT or SAT scores

An Essay explaining "Why you chose the field you chose?"

### What You Can Expect

There will be no discrimination based on race, color, sexual orientation or religion in the selection process. However, preferential choice may go to children of Shrivens Pharmacy employees.

The award winner(s) will be notified by phone on or before June 1st.

a check will be cut directly to the awardee during the first semester of the awarded student's sophomore year. Scholarships can be used for tuition, fees, books or cost of attendance.

Awardees may be eligible for a signing bonus in the event that you are hired as an employee (and remain employed with the company for 1 year) at any Shrivens Pharmacy location.

**Vicki Chapman**

**Executive Administrative Assistant**

**Scholarship Program**

**Corporate Office**

**740-452-7685 ext 100**

**Coler Drugs**

**P O Box 3506**

**Zanesville, Ohio**

**43702**

# SHRIVERS PHARMACY SCHOLARSHIP APPLICATION



SHRIVERS  
**PHARMACY**

*Because We Care...*

***\$750.00 scholarship for students planning  
a career in pharmacy or***

***\$250.00 scholarship for students planning a career  
in nursing or any allied medical profession.***

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Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

High School: \_\_\_\_\_ Year Graduating: \_\_\_\_\_ GPA: \_\_\_\_\_

Name of College Attending: \_\_\_\_\_

Enroll Date: \_\_\_\_\_ Major/Intended Major: \_\_\_\_\_

Estimated Expense (one year)
Tuition & Fees: _____
Room & Board: _____
Books & Supplies: _____
Other Expenses: _____

Estimated Income (Divide by the number of years needed for education)
Savings: _____
Earnings, Summer: _____
Aid from Parents: _____
Known Scholarships: _____

Please attach to your application your transcripts and an essay why you feel you are the best choice for this scholarship. Include any special achievements, honors, community involvement or activities.

Signature: \_\_\_\_\_

*(By signing and submitting this form I declare my intention to continue my education beyond high school at the above named college.)*

This Scholarship is given the 1st semester of the second year provided student is still enrolled in original intended major.

Thank you for your application for the Shriver Pharmacies Scholarship.  
*John Coler, Owner of Shrivrs Pharmacies*

**Mail application to:** Shrivrs Pharmacy  
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**or apply online at:** [www.shrivrspharmacy.com/Scholarship-Opportunities/](http://www.shrivrspharmacy.com/Scholarship-Opportunities/)

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