

## PharmFest Scholarship Application Form

Last name \_\_\_\_\_ First name \_\_\_\_\_

Montclair State CWID# \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Undergraduate major: \_\_\_\_\_ Undergraduate GPA: \_\_\_\_\_

GRE scores: Analytical \_\_\_\_\_ Verbal \_\_\_\_\_ Writing \_\_\_\_\_

Date applied for graduate admission at Montclair State: \_\_\_\_\_

Date admitted to graduate study at Montclair State: \_\_\_\_\_

Major admitted to: \_\_\_\_\_

Please send:

- Application Form
- Proof of US citizenship or permanent residence
- Statement (not to exceed 2 pages) of interest in a career in the pharmaceutical, medical devices, biotechnology or related industry
- Documentation of prior appropriate work experience, internship or research, etc., if any, with supporting letter(s) of recommendation

Please sign, initial and date the statement below:

I hereby affirm that to the best of my knowledge the information supplied in this application is complete and accurate. I understand that the scholarship is an outright grant and not to be repaid. If I am selected as a recipient, I agree to permit Montclair State University to publicize the award. I further agree to be actively involved in the next PharmFest and any pharma related activity as needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

*A spectrum of possibilities*



**MONTCLAIR STATE**  
UNIVERSITY