UNMC | STUDENT SUCCESS

The Plough Pharmacy Scholarship Application

The Plough Foundation and the University of Nebraska Foundation established, on behalf of the College of Pharmacy, a scholarship program to assist pharmacy students with expenses related to the study of pharmacy.

The Plough scholarships for Pharmacy students are provided by the Plough Foundation, which was created by Abe Plough, founder of Plough, Inc., in Memphis, Tennessee. The company became a major supplier of proprietary medicine to drug outlets in the Western hemisphere. In 1971, Plough, Inc. consolidated with the Schering Corporation to form the Schering-Plough Corporation, an international operation and a recognized leader in ethical pharmaceuticals and proprietary medicine throughout the world.

The success of Plough, Inc. would not have been realized without the assistance of thousands of retail pharmacies. To express its gratitude for the support of pharmacists who, over the years, enabled Plough, Inc. to grow and prosper, and which led to the establishment of the Plough Foundation, the Foundation has established a scholarship fund in perpetuity to aid in the education of pharmacy students.

Applicant Information

First Name _____ MI ____ Last Name _____

SSN (last 4 digits) _____

Local Address _____

City _____ State _____ ZIP Code _____

Parent Address _____

City _____ State _____ ZIP Code _____

Expected degree _____ Expected year of graduation _____

List any college or university attended:

College/university 1 _____ College/university 2 _____

College/university 3 _____ College/university 4 _____

College/university 5 _____ College/university 6 _____

Community Activities Information

Describe any programs or activities in which you have held leadership roles or gained leadership experience:

List all the honors, awards, offices, etc., held during your undergraduate training:

Describe civic, church, professional, or political involvements or contributions during the last 4 years:

Provide the name and address of three (3) references, not related to you, who might provide additional information about your scholastic abilities, character, leadership.

Ref 1 Full name _____ Mailing Address _____

City _____ State _____ ZIP Code _____

Ref 2 Full name _____ Mailing Address _____

City _____ State _____ ZIP Code _____

Ref 3 Full name _____ Mailing Address _____

City _____ State _____ ZIP Code _____

Provide any information, not specifically requested, which you feel needs to be considered in support of your application. (Unusual financial conditions, etc.)

I do hereby request to be considered for the Plough Pharmacy Scholarship. I authorize the Admissions Office to release all records related to previous academic preparation and also the Financial Aid Office to release financial information for committee consideration. Further, permission is granted to request information from those listed as references and I waive all rights to review such statements as they may provide.

Student Signature: _____

Date: _____

Send the completed form to the Office of Financial Aid by email to finaid@unmc.edu.