



140 Council Dr. • Odenville, AL 35120



35767 US Hwy 231 • Ashville, AL 35953



2319 Cogswell Ave. • Pell City, AL 35125

SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Phone:	Advisor:
Current address:		
City:	ZIP Code:	E-mail:
High School:	Grade in School:	GPA:

EDUCATIONAL INFORMATION

To which universities, colleges or training programs are you applying? *(list in order of preference)*

1.
2.
3.
4.

Identify your intended major *(list in order of preference – it is okay to put unknown)*

1.
2.
3.
4.

EXTRA-CURRICULAR ACTIVITIES – SCHOOL AND COMMUNITY

1.
2.
3.
4.
5.

HIGH SCHOOL FACULTY REFERENCE

Name	Grade taught:	Subject taught:
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**Provide letter of recommendation with application

COMMUNITY LEADER/MEMBER REFERENCE

Name:	Community affiliation:
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**Provide letter of recommendation with application

SIGNATURE

Signature of applicant:	Date:
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Return this completed application with the following:

- Copy of your transcript
- Letter of recommendation from high school faculty member
- Letter of recommendation from community member
- **1 page** essay on "What does community service mean to me" – Include an example of a community servant or community service project that has influenced or inspired you.
- Mail application to Odenville Drugs P.O. Box 787 Odenville, AL 35120
- **Application must be postmarked no later than April 4, 2017**