



1027 Martin Street South  
Pell City, AL 35128  
(205) 338-6080

## Scholarship Application

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street Address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

High School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_ ACT: \_\_\_\_\_

What College do you plan to attend? \_\_\_\_\_ Major: \_\_\_\_\_

Honors/Awards/Clubs: \_\_\_\_\_  
\_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Return this completed application along with the following:**

- **Copy of transcript**
- **Attach a paragraph describing what sets you apart from other scholarship applicants**
- **Mail application to Pell City Pharmacy, 1027 Martin St. S., Pell City, AL 35128**
- **Application must be postmarked by April 25, 2016**