



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 ~~_____~~ Monday, April 16th.