



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

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|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

HIGH SCHOOL FACULTY REFERENCE

| | | |
|------|---------------|-----------------|
| Name | Grade taught: | Subject taught: |
|------|---------------|-----------------|

**Provide letter of recommendation with application

COMMUNITY LEADER/MEMBER REFERENCE

| | |
|-------|------------------------|
| Name: | Community affiliation: |
|-------|------------------------|

**Provide letter of recommendation with application

SIGNATURE

| | |
|-------------------------|-------|
| Signature of applicant: | Date: |
|-------------------------|-------|

Return 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: Tell us about a time you have failed and what you learned from the experience.
- Mail application to Odenville Drugs P.O. Box 787 Odenville, AL 35120
- **Application must be postmarked no later than Friday April 8, 2022**