



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.

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

1.
2.
3.

EXTRA-CURRICULAR ACTIVITIES – SCHOOL AND COMMUNITY

1.
2.
3.
4.

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
- **Take a blank sheet of 8.5" x 11" paper. Do with this page what you wish. Your only limitations are the boundaries of the page. You don't have to submit anything, but we hope you will use your imagination!**
- Mail application to Odenville Drugs P.O. Box 787 Odenville, AL 35120
 - o **Application must be postmarked no later than Monday April 20, 2026**