



# Russellville City Schools Education Foundation Pharmacy School Scholarship

Name \_\_\_\_\_

Address \_\_\_\_\_

Parents' Names \_\_\_\_\_

Cumulative Numerical GPA \_\_\_\_\_

Have you already been accepted to Pharmacy School? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Have you already received any scholarship offers? \_\_\_\_\_; If so, list  
\_\_\_\_\_

Place of Employment \_\_\_\_\_

How long employed? \_\_\_\_\_

**Include a copy of your resume and transcript with this application.**

- I. List your community involvement and extracurricular activities. Include leadership positions experience.
  
- II. Please tell the committee about your financial need and your plans for college, including your intended major and which college you plan to attend: (Attach additional pages if necessary.)
  
- III. In a paragraph, share your future educational and career plans, and why you think you should receive this scholarship to help reach these goals. (You may use the back of this page if necessary.)
  
- IV. Any additional information you feel may be helpful to the committee may be attached.

I certify that the information given is true. I agree to abide by the decision of the Russellville City Schools Educational Foundation Scholarship Committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email to [Kristy.gist@rcs.k12.al.us](mailto:Kristy.gist@rcs.k12.al.us) by June 9, 2017  
Russellville City Schools Education Foundation