

**Wicomico High School Class of '39 Scholarship  
Scholarship Award Guidelines**

- A. Choice of School: Accredited four-year college or university, or accredited two-year institution.
- B. Who May Apply: Graduating seniors of Wicomico High School who are in the top 25% of their graduating class, have displayed good citizenship characteristics, and have had good attendance. Applicants must have selected their college and have been accepted for admission as a full-time student.
- C. Considerations: Service oriented, community involvement, academic achievement and extracurricular activities.
- D. Nature of Award: minimum of \$750 for one academic year.
- E. How to Apply: Applications are available at Wicomico High School guidance office. Completed applications must be submitted to the Wicomico High School Guidance office no later than April **13** of the current school year to be eligible for fall semester assistance. An application is complete, and considered for a scholarship award, only when the following have been submitted:
1. A completed scholarship application
  2. Official high school transcript of grades
  3. Letter of acceptance from college or university
  4. Two letters of recommendation from non-family members (e.g. teacher, guidance counselor, employer, athletic coach, etc.)

**WICOMICO HIGH SCHOOL CLASS OF '39 SCHOLARSHIP APPLICATION**

**Student Name** \_\_\_\_\_  
Last First M.I.

**Permanent Address** \_\_\_\_\_  
Street

City State Zip  
**Telephone** ( ) **Social Security Number** \_\_\_\_\_

**How long have you been a resident of your County?** \_\_\_\_\_

**High School** \_\_\_\_\_ **Graduation Date** \_\_\_\_\_  
Month/Year

\_\_\_\_\_ ( ) \_\_\_\_\_  
Address Telephone

**College or University for which aid is requested** \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_  
Address Telephone

**Entrance Date** \_\_\_\_\_

**List Extracurricular Activities, Work experience, Community service, Volunteer projects in which you have participated (attach additional sheet if necessary):**

I certify that I am a legal resident of Wicomico County, State of Maryland and that all information on this form is true and complete to the best of my knowledge.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_