

## DR. JOSEPH Z. BADROS SCHOLARSHIP FUND

### Scholarship Award Guidelines

- A. Choice of School: Accredited four-year college or university, or accredited two-year institution.
- B. Who May Apply: Applicants must be graduates of the public or private high schools in the Maryland Counties of Somerset, Wicomico and Worcester Counties who have been accepted for enrollment at an accredited college or university.
- C. Qualifications: Applicants must have a reputation of good character and be a well-rounded young citizen. Successful applicants should demonstrate they have the maturity, commitment and academic record to succeed in college level courses of study. Applicants must demonstrate a need for financial assistance to attend college.
- D. Nature of Award: \$2,000 for one academic year, and are eligible to reapply for up to a maximum of four consecutive years.
- E. How to Apply: Applications are available on the CFES Website, cfes.org or at the guidance office of the public and private schools in Somerset, Wicomico and Worcester Counties. Completed applications must be submitted to the Scholarship Advisory Committee Chair, (address indicated on Scholarship Application Form) by no later than April 1<sup>st</sup> to be 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. Letters of recommendation from: (parent or guardian; high school teacher or guidance counselor; friend of any age).
  - 5. Applicant may be required to be interviewed by the Scholarship Advisory Committee.

**DR. JOSEPH Z. BADROS SCHOLARSHIP FUND  
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** \_\_\_\_\_

**Required Attachments:**

**1 – A written essay of approximately 500 words on the following subject:**

**Your relationship with God; what is important to you in the secular world; what studies you wish to pursue and why; what kind of person you want to be during your lifetime.**

**2 – A letter of recommendation from the following:**

- a) Parent or guardian.
- b) High School teacher or guidance counselor.
- c) Personal friend of any age.

**3 – Copy of official high school transcript of grades.**

**Mail Application To:**

**Mrs. Diana P. Badros  
1710 Lower Millstone Ln  
Salisbury, MD 21801-7019**

**APPLICATION DEADLINE: April 1<sup>st</sup>**

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

\_\_\_\_\_  
Student / Applicant Signature Date

\_\_\_\_\_  
Parent / Guardian Signature (If applicant under age 18) Date