

**Elizabeth Brittingham Pusey 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 any Wicomico County Public High School, have selected their college and have been accepted for admission as a full-time student.
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- C. Considerations: Applicant must be in the top 10% of their class. Applicants must demonstrate financial need.
- D. Nature of Award: \$1,500 per year renewable up to four years. Requirements: 1) the recipient maintains a 2.5 or better grade point average; 2) the recipient provides proof of continued enrollment; 3) the recipient submits an official transcript of grades
- E. How to Apply: Applications are available at High School guidance offices or at [www.cfes.org](http://www.cfes.org). Completed applications must be submitted to guidance offices no later than April 1<sup>st</sup> 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

**The Community Foundation of the Eastern Shore  
Elizabeth Brittingham Pusey Scholarship**

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

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

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

**Email Address:** \_\_\_\_\_

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

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

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

\_\_\_\_\_ e-mail address

**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.

\_\_\_\_\_  
Student's Signature Date Parent's Signature Date