## ESTHER M. SMITH SCHOLARSHIP FUND

## **Scholarship Award Guidelines**

- A. <u>Choice of School:</u> Accredited four-year college or university, or accredited two-year institution.
- B. Who May Apply: Applicants must be Wicomico High School public school graduates with a disability as accepted and defined by the Americans With Disabilities Act (ADA)
- C. <u>Qualifications</u>: Students must have maintained a GPA of 2.0 or higher, and been accepted for admission as a full-time student at an accredited four-year college or university, or a two-year education or career training institution.
- D. <u>Nature of Award:</u> \$2,000 for one academic year, and are eligible to reapply for up to a maximum of four consecutive years.
- E. <u>How to Apply:</u> Applications are available at the guidance office of the public high school in Wicomico County where the student is enrolled or on the <u>www.cfes.org</u> website. 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. Two letters of recommendation from non-family members (e.g. teacher, guidance counselor, employer, athletic coach, etc.)
  - 5. Successful applicants will be required to be interviewed by the Scholarship Advisory Committee.

## ESTHER M. SMITH FUND SCHOLARSHIP APPLICATION

Student Name			
Last	First	M.L.	
Permanent Address			
*	Street		
City	State	Zip	
Telephone Social	al Security Number		
How long have you been a resident of you	ur County?	-:	
High School	Graduation Date		
	M	onth/Year	
Address	Te	Telephone	
College or University for which aid is rec	quested		
Address	Telephone		
Entrance Date			
Required Attachments:  1 - Copy of letter of acceptance from coll 2 - Two letters of recommendation from 3 - Copy of official high school transcrip	non-family members		
Mail Application To: Community Foundation of the Eastern S Esther M. Smith Scholarship Fund Com 1324 Belmont Avenue, Suite 401 Salisbury, MD 21804			
APPLICATION DEADLINE: April 1st			
I certify that I am a legal resident of Wicon information on this form is true and comple		nd that all	
Student's Signature Date	Parent's / Guardian's Si	gnature Date	