HERB AND ANN FINCHER 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 four public high schools in Wicomico County, Maryland (James M. Bennett High, Wicomico High, Parkside High, and Mardela High) who have been accepted into a course of study for either math or engineering.
- C. <u>Qualifications</u>: Applicants must have a reputation of good character, be a well-rounded young citizen and have participated in extra-curricular school or community activities. Successful applicants should demonstrate they have the maturity and commitment to succeed in college level courses of study.
- D. Nature of Award: \$1,500 for one academic year for up to four consecutive years.
- E. <u>How to Apply:</u> Applications are available at the appropriate Wicomico County Public High School guidance office based on the scholarship award cycle. Completed applications must be submitted to the school's Scholarship Advisory Committee Chair. (Address indicated on Scholarship Application Form) by no later than April 1st 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. Applicant may be required to be interviewed by the Scholarship Advisory Committee.

HERB AND ANN FINCHER SCHOLARSHIP FUND SCHOLARSHIP APPLICATION

Student Name				
	Last	First	M.I.	
Permanent Address				
		Street		
,	City	State	Zip	
Telephone	Social	Security Number		
How long have you be	een a resident of you	r County?	_	
High School		Graduation Da	te	
			Month/Year	
Address			Telephone	
			•	
College or University	for which aid is requ	iested		
-				
Address		Telepho	one	
Entrance Date				
Required Attachmen	ts:			
•	0 0	ct: What would you do if yo ating) in school by a fellow		
2 – Two letter of reco	mmendation from no	on-family members.		
3 – Copy of official hi	gh school transcript	of grades.		
Mail or Drop Off App Your High School Gu	•			
APPLICATION DEA	ADLINE: April 1st			
I certify that I am a legal re complete to the best of my k		_County, State of Maryland and th	hat all information on this form is t	rue and
Student / Applicant Signature	Date	Parent / Guardian Signature	(If applicant under age 18)	Date