

NALEPPA FAMILY HEALTHCARE 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 a public or private high school in Wicomico County of Maryland who have been accepted into a healthcare program. They must be enrolled as a full time student. Priority will be given to students with the greatest financial need and strong ties to the Eastern Shore.
- C. Qualifications: Applicants must have a reputation of good character, above average academic standard, and financial need. Applicants must have a cumulative grade point average of 3.0.
- D. Nature of Award: \$500 minimum for one academic year. The amount may vary based on the available to grant balance in the fund. *May reapply for subsequent years subject to satisfactory academic progress.*
- E. How to Apply: Applications are available at the Community Foundation of the Eastern Shore may be downloaded at www.cfes.org. Completed applications must be submitted (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 transcript of grades
 3. Proof of graduation from a public or private high school in Somerset, Wicomico, or Worcester County
 4. Proof of enrollment from college or university
 5. One letter of recommendation from an instructor in their field
 6. Applicant may be required to be interviewed by the Scholarship Selection Committee

**NALEPPA FAMILY HEALTH CARE SCHOLARSHIP
Application**

Student Name _____
Last First M.I.

Permanent Address _____
Street
City State Zip

Telephone _____ **Social Security Number** _____

Email _____

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. Letter of recommendation from an instructor in course of study
2. Proof of Acceptance from a College or University
3. Proof of Graduation from a private or public high school located in Somerset, Wicomico, or Worcester Co.
4. Copy of official transcript of grades

Mail Application To:
Scholarship Advisory Committee
Community Foundation of the Eastern Shore
1324 Belmont Ave., Suite 401
Salisbury, MD 21804

APPLICATION DEADLINE: April 1st

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