

# NORMAN H. CONWAY SCHOLARSHIP

## CRITERIA

B. Who May Apply: Applicants must be residents of Wicomico County and graduates of James M. Bennett High School and Wicomico High School, who are involved in their Community, and have been accepted for full time enrollment at Salisbury University, UMES, or Wor-Wic Community College.

C. Qualifications: They must have a minimum 3.0 GPA and have completed 20 hours of community service in 4 years of high school. Consideration will be given to those applicants who have been employed during high school.

D. Nature of Award: TBD

E. How to Apply: Applications are available on the [www.cfes.org](http://www.cfes.org) website or the High School guidance office. Completed applications must be submitted to the school's Scholarship Advisory Committee (Guidance Office) 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

**NORMAN H. CONWAY SCHOLARSHIP**

**APPLICATION**

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

**Permanent Address** \_\_\_\_\_  
Street  
City State Zip

**e-mail address:** \_\_\_\_\_

**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 – Letter of acceptance from College or University
- 2 – Two letters of recommendation from non-family members.
- 3 – Copy of official high school transcript of grades.

**Mail or Drop Off Application To:**  
**Guidance Counselor**

**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