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 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
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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 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 __________