DUANE V. PERDUE MEMORIAL SCHOLARSHIP FUND

Scholarship Award Guidelines

- A. <u>Choice of School:</u> Accredited four-year college or university, or accredited two-year Institution, including vocational schools.
- B. Who May Apply: Past graduates or current12th grade students of Parkside High School, who are residents of rural Eastern Wicomico County, MD, including but not exclusive to the communities of Parsonsburg, Pittsville, Powellville, Willards or Melson, who have been accepted for admission as a full-time college student or vocational school.
- C. <u>Considerations</u>: Applicants must have been active participants in Eastern Wicomico County youth sports programs with demonstrated financial need.
- D. Nature of Award: \$500 for one academic year.
- E. <u>How to Apply:</u> Applications are available at the Parkside High School guidance office. Completed applications must be submitted to the 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. Two letters of recommendation from non-family members (e.g. teacher, guidance counselor, employer, athletic coach, etc.)
 - 4. Applicant may be required to be interviewed by the Scholarship Advisory Committee.

DUANE V. PERDUE MEMORIAL SCHOLARSHIP FUND SCHOLARSHIP APPLICATION

Student Name			
	Last	First	M.I.
Permanent Address			
Permanent Address Street			
City			Zip
·			
Telephone ()	Social Secur	ity Number	
How long have you been	a resident of your Coun	ty?	
High School		Graduation Date	
		Mont	h/Year
		()	
Address		() Telep	hone
College or University for which aid is requested			
Δ ddress		()	
		Telephone	
Entrance Date			
Required Attachments:			
1 – Two letter of recommendation from non-family members.			
2 – Copy of official high school transcript of grades.			
Mail Application To: Elaine W. Perdue, Chair Duane V. Perdue Memor P.O. Box 5 Willards, MD 26874	ial Scholarship		
APPLICATION DEADL	INE: April 1 st		
I certify that I am a legal resident of Wicomico County, State of Maryland and that all information on this form is true and complete to the best of my knowledge.			
Student's Signature	Date	Parent's Signature	Date