John H. Dulany Memorial Scholarship Award Guidelines

- A. <u>Choice of School</u>: Accredited four-year college or university, or accredited two-year institution.
- B. <u>Who May Apply</u>: Graduating seniors of any Wicomico County Public High School, have selected their college <u>and</u> have been accepted for admission as a <u>full-time</u> student.
- C. <u>Considerations</u>: Applicant must possess demonstrated academic ability, and involvement in extracurricular activities and/or paid employment. Primary consideration will be given to those applicants who demonstrate financial need.
- D. Nature of Award: minimum of \$1,000 for one academic year.
- E. <u>How to Apply</u>: Applications are available at High School guidance offices or at <u>www.cfes.org</u>. Completed applications must be submitted to guidance offices no later than April 1st of the current school year to be eligible for fall semester assistance. An application is complete, and 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.)

John H. Dulany Memorial Scholarship

Application

| Student Name | | | | | |
|---|--------|------------------------|------------------|------------|------|
| | Last | | First | | M.I. |
| - | | | | | |
| Permanent Address | | ~ | | | |
| Street | | | | | |
| City | | Sta | te | Zip | |
| Telephone () | Social | Social Security Number | | | |
| | | | | | |
| Email Address: | | | | | |
| | | | | | |
| How long have you been a resident of your County? | | | | | |
| High School Graduation Date | | | | | |
| | | Gruuuuto | <u> </u> | Month/Year | |
| | | | | | |
| | | (|) | Telephone | |
| Address | | | | Telephone | |
| College on University for which aid is requested | | | | | |
| College or University for which aid is requested | | | | | |
| | | (|) | | |
| Address | | | () Telephone | | |
| | | | | | |
| Entrance Date | | | | | |
| | | | | | |

List Extracurricular Activities, Work experience, Community service, Volunteer projects in which you have participated (attach additional sheet if necessary):

I certify that I am a legal resident of Wicomico or Somerset County, State of Maryland and that all information on this form is true and complete to the best of my knowledge.

Students Signature