DONALD LEE SCHUL, JR. 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 school
- B. Who May Apply: Graduating Seniors of a Somerset, Wicomico, or Worcester County Public High School
- C. <u>Considerations</u>: Applicants must have maintained a 2.5 GPA in high school and been active participants in a high school or county wrestling program
- D. Nature of Award: minimum \$500 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 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. An essay of between 250 and 300 words discussing why I wrestle and what participating in wrestling has done for me.

DONALD LEE SCHUL MEMORIAL SCHOLARSHIP APPLICATION

Student Name				
	Last	First	M.I.	
Permanent Address				
Permanent Address Street				
	City	State	Zip	
Telephone	Social Security Number			
How long have you l	been a resident of your (County?	<u> </u>	
High School		Graduation Dat	e	
<u></u>			Month/Year	
Address			Telephone	
College or Universit	y for which aid is reque	sted		
conege of Chryeisit	y for which are is reque			
Address	,	Telepho	no.	
Address	•	Тетерно	ne	
Entrance Date				
Required Attachments:				
1. Two letter of recommendation from non-family members				
2. Copy of official high school transcript of grades				
3. 250-300 word ess	ay, why I wrestle and w	hat participating in wrestl	ing has done for me	
APPLICATION DE	ADLINE: April 1st			
<u>-</u>	gal resident of Wicomico o the best of my knowled	•	and that all information on this form	
Student's Signature	Date	Parent's Signature	Date	
Mail Application To Community Founda	<u>:</u> tion of the Eastern Shor	re		

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