ESTHER M. SMITH FUND SCHOLARSHIP FUND

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> Applicants must be graduating seniors with a disability as accepted and defined by the Americans With Disabilities Act (ADA) who attend public high schools in Wicomico County

C. <u>Qualifications:</u> Applicants must be Nominated by their school's principal, guidance counselor or teacher, have maintained a GPA of 2.0 or higher, and been accepted for admission as a full-time student at an accredited four-year college or university, or a two-year education or career training institution.

D. Nature of Award: \$2,000 for one academic year, (\$1,000 per semester).

E. <u>How to Apply:</u> Applications are available at the guidance office of the public high school in Wicomico County where the student is enrolled. Completed applications must be submitted to the Scholarship Advisory Committee Chair. (Address indicated on Scholarship Application Form) by no later than April 15th 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 from non-family members (e.g. teacher, guidance counselor, employer, athletic coach, etc.)
- 5. Successful applicants will be required to be interviewed by the Scholarship Advisory Committee.

ESTHER M. SMITH FUND SCHOLARSHIP APPLICATION

Student Name			
	Last	First	M.I.
Permanent Address			
		Street	
City		State	Zip
Felephone	Social Se	curity Number	
How long have you been a re	esident of your Co	ounty?	
High School		Graduation Da	te
			Month/Year
Address		Telephone	
College or University for wh	uch aid is request	ed	
conce of Chiveisity for wh	nen alu is request		
Address		Telepho	one
Entrance Date			
<u>Required Attachments:</u> 1 – Copy of Letter of accepta	ance from college	or university	
2 – Two letters of recommen	ndation from non-	family members.	
3 – Copy of official high sch	ool transcript of g	rades.	
Mail Application To:			
Ms. Kathy Redden			
Esther M. Smith Fund 1813 Holly Swamp Rd			
Pocomoke, MD 21851			
APPLICATION DEADLIN	E: April 15 th		
		Tourster Choice - EM 1	l and that all
I certify that I am a legal resid information on this form is tru			

Student's Signature