

SOROPTIMIST INTERNATIONAL OF SALISBURY



Eleanor L. Caldabaugh Scholarship

CRITERIA

I. AMOUNT

- A. An award of approximately \$1,000.00 will be planned for each year.
- B. If applications are not received from suitable candidates, the award need not be made.

II. ELIGIBILITY

- A. Award will be made to a woman, without consideration of race or creed, who has been a resident of Wicomico County, Maryland, for at least 3 years.
- B. Funds must be used for payment of expenses to attend a four year undergraduate program at a college/university accredited in the state in which it is located to prepare for a program which serves humanity. For example: Education, Health, Human Studies, Social Work, etc.
- C. The student must have been admitted to the educational institution of her choice. The scholarship will not be awarded until the student has been notified of acceptance.
- D. The recipient may apply for the scholarship grant in subsequent years provided she has maintained a 3.0 grade average or higher and is recommended by her college advisor.
- E. Students who are members or whose immediate family are members of the Soroptimist International of Salisbury are not eligible for this scholarship award.

III. APPLICATION

- A. Application may be made by completing the form available from the president of the Soroptimist International of Salisbury or the chairman of the Eleanor L. Caldabaugh Scholarship Committee, a high school in Wicomico County, Salisbury State University, or the University of Maryland Eastern Shore.
- B. Three references are to be submitted by persons not related to the applicant. At least two must be written by a teacher, school administrator, guidance counselor, or employer. These references are to be mailed separately to the chairman of the Eleanor L. Caldabaugh Scholarship committee. The application will not be considered unless these references are received. You may request more than three references from specified people in order to assure three are received.

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Eleanor L. Caldabaugh Scholarship Application

I. PERSONAL INFORMATION

A. Name (Miss, Mrs.) _____
(Last) (First) (Middle)

B. Home Address _____
(Street & Number)

(City) (County) (State)

How long have you lived in Wicomico County? _____

C. Phone Number _____

D. Birth Date: _____ Place _____
(City) (State)

E. Name of Parents/Guardian (if applicant is under 21 years of age):

F. Parents/Guardian's Address:

G. Number of brother/sisters under 18 years of age: _____

Student's Name

II. EDUCATION

A. High School

Name) (Address) (Graduation Date)

B. College

(Name) (Address) (Years Attended)

C. Submit transcript of high school record with application. If you are already a college student, submit a college transcript. Include at least the first quarter of the current school year.

III. PERSONAL INFORMATION

A. List special skills, hobbies and activities.

Student's Name

B. List volunteer activities in school, church and community

C. List honors, awards and commendations you have received

D. List employment:

Dates

Employer

Job Responsibility

IV. PROPOSED EDUCATION

A. Plan for Education:

College or University: (Include name & address of school)

Student's Name

Has your application for admission been approved?

- B. Please write one or more paragraphs describing the career goals you have chosen and the reasons for your selection.

V. FINANCIAL RESOURCES

Indicate financial need. Describe family situation affecting your need for assistance.

Student's Name

VI. REFERENCES

Three (3) references are to be submitted by persons not related to you. At least two are to be written by a teacher, school administrator, or employer. The third may be from anyone of your choice. These persons shall mail them individually to the Chairman of the Eleanor L. Caldabaugh Scholarship Fund (name and address at the end of this application). **YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS THESE REFERENCES ARE RECEIVED.** (Note: It would be helpful to these people if you provided them a stamped envelope addressed to the Scholarship Chairman.)

Persons who have agreed to write references:

- | (Name) | (Address) | (Association with applicant) |
|----------|-----------|------------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Signature of Applicant

Signature of Parent or Guardian
(If applicant is under 21 years of age)

This application is to be submitted to the person listed below no later than March 15th. If you are chosen as the recipient, you will be asked to furnish a recent photograph which will be used for publicity.

Cathy D. Brinsfield
1105 Caleb's Way
Salisbury, MD. 21804
410-749-2767 - Evening
410-749-1185 - Day

SOROPTIMIST INTERNATIONAL OF SALISBURY

Personal Reference For An

Eleanor L. Caldabaugh Scholarship

Candidate

Thank you for taking your time to recommend _____
for consideration as an Eleanor L. Caldabaugh Scholarship Candidate. Please use your personal
knowledge of this candidate to respond to the following questions.

1. How long have you known the candidate and in what capacity (friend, employer, etc.)?

2. What is your personal knowledge of the candidate's accomplishments in her life? (Address
specific examples, activities at school, home, community, church, work, etc.)

3. What is your personal knowledge of the candidate's career plans and her goals for the future?

4. If there is additional information you think the committee should know about the candidate
please include that.

Your Name: _____ Signature: _____
Address: _____
Telephone: _____

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