

DR. JOSEPH Z. BADROS SCHOLARSHIP FUND

Scholarship Award Guidelines

- A. Choice of School: Accredited four-year college or university, or accredited two-year institution.
- B. Who May Apply: Applicants must be graduates of the public or private high schools in Somerset, Wicomico or Worcester County, Maryland who have been accepted for enrollment at an accredited college or university.
- C. Qualifications: Applicants must have a reputation of good character and be a well-rounded young citizen. Successful applicants should demonstrate they have the maturity, commitment and academic record to succeed in college level courses of study. Applicants must demonstrate a need for financial assistance to attend college.
- D. Nature of Award: \$2,000 for one academic year, and are eligible to reapply for up to a maximum of four consecutive years.
- E. How to Apply: Applications are available on the CFES Website at www.cfes.org or at the guidance office of the public and private schools in Somerset, Wicomico and Worcester Counties. 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 showing each of the following:
 - a. Minimum 3.7 (unweighted) GPA
 - b. SAT or ACT scores
 - c. Score on each AP exam taken with at least one score of “3” or higher
 3. Letter of acceptance from college or university
 4. 3 letters of recommendation from: (parent or guardian; high school teacher or guidance counselor, etc.)
 5. An essay of approximately 500 words discussing your relationship with God, personal and career goals, and how you have and will continue to be of service to the community
 6. Applicant may be required to be interviewed by the Scholarship Advisory Committee.

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SCHOLARSHIP APPLICATION**

Student Name _____
Last First M.I.

Permanent Address _____
Street

City State Zip
Telephone _____ **Social Security Number** _____

How long have you been a resident of your County? _____

High School _____ **Graduation Date** _____
Month/Year

Address Telephone

College or University for which aid is requested _____

Address Telephone

Entrance Date _____

Required Attachments:

- 1 - Official high school transcript of grades
- 2 - Letter of acceptance from college or university
- 3 - Letters of recommendation
- 4 - Written Essay

Mail Application To:

Mrs. Diana P. Badros
1710 Lower Millstone Ln
Salisbury, MD 21801-7019

APPLICATION DEADLINE: April 1st

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

Student / Applicant Signature Date Parent / Guardian Signature (If applicant under age 18) Date