

# PAUL RENDINE DISABILITIES ADVOCATES 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 a graduating senior from a Wicomico, Worcester, or Somerset County, MD public school with a disability as accepted and defined by the Americans with Disabilities Act (ADA)

C. Qualifications: Students must 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: \$1,000 for one academic year

E. How to Apply: Applications are available at the guidance office of the public high school in Wicomico County where the student is enrolled or on the [www.cfes.org](http://www.cfes.org) website. Completed applications must be submitted to the Scholarship Advisory Committee Chair. (Address indicated on Scholarship Application Form) by no later than April 1<sup>st</sup> to be considered for a scholarship award. An application is considered complete 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. A written essay on the following subject: How my disability has affected my life and what challenges I have had to overcome.
5. Two letters of recommendation from non-family members (e.g. teacher, guidance counselor, employer, athletic coach, etc.)
6. Successful applicants may be required to be interviewed by the Scholarship Advisory Committee.

# PAUL RENDINE DISABILITIES ADVOCATES SCHOLARSHIP FUND APPLICATION

Student Name \_\_\_\_\_  
                                First  Last  M.I.

Permanent Address \_\_\_\_\_  
  Street  
\_\_\_\_\_  
                        City  State  Zip

Telephone \_\_\_\_\_                                Social Security Number  
  (Last 4 digits only)                                \_\_\_\_\_

How long have you been a resident of your County? \_\_\_\_\_

Nature of Disability \_\_\_\_\_                                Length of Disability \_\_\_\_\_

High School \_\_\_\_\_                                Graduation Date \_\_\_\_\_  
  Month/Year

\_\_\_\_\_  
                                Address  Telephone

College or University for which aid is requested \_\_\_\_\_

\_\_\_\_\_  
                                Address  Telephone

**Required Attachments:**

- 1 - Copy of official high school transcript of grades
- 2 - Copy of letter of acceptance from college or university
- 3 - Written essay on the subject: How my disability has affected my life and what challenges I have had to overcome.
- 4 - Two letters of recommendation from non-family members

**Mail Application To:**

Community Foundation of the Eastern Shore  
Paul Rendine Disabilities Advocates Scholarship Fund Committee  
1324 Belmont Avenue, Suite 401  
Salisbury, MD 21804

**APPLICATION DEADLINE: April 1<sup>st</sup>**

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

\_\_\_\_\_  
Student's Signature                                Date                                Parent's / Guardian's Signature                                Date