

Richard and Patricia Hazel Minority Scholarship Award Guidelines

Choice of School: Accredited four-year college or university, or two-year institution of higher learning that offers an associates degree.

- A. **Who May Apply:** Residents of Wicomico, Somerset, or Worcester County, Maryland who have been accepted as a full-time student at a two-year or four-year accredited College or University. Scholarship applicant's primary educational pursuit must be education, nursing or a STEM major. Eligible candidates must be a minority student of either African American/Black, Hispanic American, Asian American or Native American origin.
- B. **Qualifications:** Demonstrated financial need, community involvement, academic achievement and extracurricular activities. Applicants must have a minimum 2.5 GPA.
- C. **Nature of Award:** Awards are made for one academic year with the option to reapply for up to four consecutive years, subject to continued need and satisfactory academic achievement.
- D. **How to Apply:** Applications are available at all Wicomico, Somerset, and Worcester County high school counseling offices or by visiting www.cfes.org. Completed applications must be submitted to the Community Foundation of the Eastern Shore, 1324 Belmont Ave., Suite 401, Salisbury, MD 21804, postmarked no later than **April 1st** of the current school year, to be eligible for fall semester assistance. An application is complete, and considered for a scholarship award, only when the following have been submitted:
 - 1. A completed scholarship application
 - 2. A one-page essay titled, "Why I Want to pursue a career in my chosen major" (listed above)
 - 3. Official high school/college transcript of grades
 - 4. Letter of acceptance from college or university
 - 5. Two letters of recommendation from non-family members (e.g. teacher, guidance counselor, employer, athletic coach, etc.)

**RICHARD AND PATRICIA HAZEL MINORITY SCHOLARSHIP
APPLICATION**

Student Name _____
Last First M.I.

Permanent Address _____
Street
City State Zip

Telephone () _____ **E-mail Address** _____

Social Security (Last 4 Digits Only) or Student ID: _____

Ethnicity

- African American / Black Native American
 Asian Hispanic
 Other _____

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 _____

Chosen Major _____

Extracurricular Activities (attach additional sheet if necessary):

List all school activities in which you have participated (clubs, student government, sports, volunteer projects, etc.).

Activity	No. of Years Participated	Special Honors/Offices Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community Activities:

List all community volunteer activities in which you have participated.

Activity	No. of Years Participated	Special Honors/Offices Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience:

List any paid work experience you have had.

Employer	Position	Dates from & to (mo/yr)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated Resources:

Scholarships from other sources \$ _____

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 Signature

Date

Parent Signature (If applicant is under 18)

Date