

**The Community Foundation of the Eastern Shore  
William T. Burbage Family Memorial Scholarship**

- A. Choice of School: Accredited four-year college or university, or accredited two-year institution.
- B. Who May Apply: Graduating seniors of Stephen Decatur High School, who have selected their college and have been accepted for admission as a full-time student.
- C. Considerations: Applicant must have a 3.0 GPA. Participation in leadership activities, in addition to consideration for activities that suggest pride in their school. Consideration may be given to work experience as a substitute for extracurricular activities.
- D. Nature of Award: minimum of \$1,000 for one academic year.
- E. How to Apply: Applications are available at High School guidance office or at [www.cfes.org](http://www.cfes.org). Completed applications must be submitted to the guidance office by April 1st. An application is complete, and 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 – one for academics and the other for leadership.
  - 5. Detailed listing by high school year of activities, positions held and overall involvement in school and community.
  - 6. An essay explaining how growing up on the Eastern Shore has contributed to your individual leadership style and helped you to achieve your personal goals.

**The Community Foundation of the Eastern Shore  
William T. Burbage Family Memorial Scholarship**

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

**Permanent Address** \_\_\_\_\_  
Street

City State Zip  
**Telephone** ( ) \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**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** \_\_\_\_\_

**List Extracurricular Activities, Work experience, Community service, Volunteer projects in which you have participated (attach additional sheet if necessary):**

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

Students Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_