

**The Community Foundation Wicomico Scholarship  
Evelyn Blose Holman Scholarship Guidelines**

- A. Choice of School: Accredited four-year college or university, or accredited two-year institution.
- B. Who May Apply: Graduating seniors of any Wicomico County Public High School, have selected their college and have been accepted for admission as a full-time student.
- C. Considerations: Applicant must be a member of a minority group with demonstrated financial need.
- D. Nature of Award: minimum of \$500 for one academic year
- E. How to Apply: Applications are available at High School guidance offices. Completed applications must be submitted 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. Official high school transcript of grades
  - 3. Letter of acceptance from college or university
  - 4. Letter of recommendation from non family member (guidance counselor, coach, minister, teacher)

Completed applications should be mailed to:

Wicomico County P.T.A.  
Ms. Michelle Wright  
8910 Old Railroad Road  
Hebron, MD 21830

**The Community Foundation of the Eastern Shore  
Evelyn Blose Holman Scholarship**

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

**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 Wicomico 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