

FRUITLAND CHAMBER OF COMMERCE SCHOLARSHIP GUIDELINES

Who May Apply: Residents of Fruitland, Maryland, who reside in the Fruitland election and tax district, that have been accepted as a full time student at an accredited four-year college or university, or an accredited two-year institution, within the state of Maryland.

Considerations: Applicants must have demonstrated financial need and recipients must agree to appear before the Chamber at a City Council meeting so that the award can be acknowledged and photographed for publicity purposes.

Nature of Award: Minimum of \$500 for one academic year.

How to Apply: Applications are available at www.cfes.org Completed applications must be submitted to the Scholarship Advisory Committee. (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. Most recent official transcript of grades.
3. Two letters of recommendation from non-family members (e.g. teacher, guidance counselor, employer, athletic coach, etc.)
4. Applicant may be required to be interviewed by the Scholarship Advisory Committee.

**FRUITLAND CHAMBER OF COMMERCE
SCHOLARSHIP APPLICATION**

Student Name _____
Last First M.I.

Permanent Address _____
Street
City State Zip

Telephone () _____ **Social Security Number** _____

E-mail address _____

How long have you been a resident of Fruitland? _____

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

_____ () _____
Address Telephone

College or University for which aid is requested _____

_____ () _____
Address Telephone

Entrance Date _____

Required Attachments:

- 1 – Two letters of recommendation from non-family members.**
- 2 – Copy of official high school transcript of grades.**

Mail Application To:

**Community Foundation of the Eastern Shore
Fruitland Chamber of Commerce Scholarship Advisory Committee
1324 Belmont Ave., Suite 401
Salisbury, MD 21804**

APPLICATION DEADLINE: April 1st

I certify that I am a resident of Fruitland, Maryland, who resides in the Fruitland election and tax district 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