# Application for Career/Technology Scholarship (Traditional Students)

**TO BE COMPLETED BY APPLICANT**

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
<td>Soc. Sec. # Last 4 digits only: XXX-XX-___</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Current address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State: County: ZIP Code:</td>
</tr>
<tr>
<td>High School:</td>
<td>Years you attended:</td>
</tr>
<tr>
<td>Parent or Guardian</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Address (If different from yours):</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Number of Others living in the household:</td>
<td></td>
</tr>
<tr>
<td>Name of career/tech. school you hope to attend:</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State: ZIP Code:</td>
</tr>
<tr>
<td>Describe program/training you plan to attend:</td>
<td></td>
</tr>
<tr>
<td>Length of program/training and approx. start date:</td>
<td></td>
</tr>
<tr>
<td>Have you been accepted?</td>
<td>If not, when will you apply?</td>
</tr>
</tbody>
</table>

**PLEASE ATTACH THE FOLLOWING FORMS**

- Incomplete applications may not be considered
- FAFSA Electronic Student Aid Report
- School Transcript
- Three Letters of Recommendation —(not from relatives)

## SIGNATURES

| Signature of Parent or Guardian: | Date: |
| Signature of applicant: | Date: |
| Director's Name: | Proposed Grant Amount: |
| Phone: | Email: |

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**Deadline: March 15**

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**FORM 200-20**
The Children’s Home Foundation
Of the Eastern Shore of Maryland

PROPOSED APPLICANT’S ACCEPTANCE OF GRANT AWARD TERMS
TO BE COMPLETED WITH APPLICATION

The Children’s Home Foundation awards this grant with the following conditions:

1. Scholarships are for books, tuition and required fees only.
2. All funds are paid directly to the school.
3. There are no refunds to students, parents or guardians, if a balance remains at the end of a semester.
4. Students are expected to maintain a satisfactory academic and attendance record. Upon completion of each course, the student will provide grades (copy of transcript from the school) to the director.
5. If you change your address, telephone number, name (marry), course of study, or withdraw from school you must contact the director at once. Failure to do so may jeopardize your scholarship status and you may be responsible for any balance due on your account.
6. The Information Release Form (Form 600-20) must be signed and returned to the director.
7. Failure to return this form and the Information Release Form will cancel your scholarship.

I have read the above conditions and agree to abide by them:

SIGNATURE OF APPLICANT ____________________________________________
Date: ___________________________________________________________

PLEASE PRINT:

NAME: __________________________________________________________
ADDRESS: _______________________________________________________
_________________________________________________________________

Directors Name ____________________________
Phone: ____________________________
Email: ____________________________

Form 700-20
The Children’s Home Foundation
Of the Eastern Shore of Maryland

INFORMATION RELEASE FORM

STUDENT’S NAME: __________________________________________

SOCIAL SECURITY NUMBER: (last 4 digits only) XXX-XX-________

ADDRESS: __________________________________________________

________________________________________________________________

COLLEGE OR INSTITUTION: ________________________________

As a potential recipient of a scholarship grant from the Children’s Home Foundation I hereby authorize the personnel of the above mentioned college or institution to release my grades and any other information regarding scholarships, grants, or other financial aid received from other sources during the duration of my enrollment to the Children’s Home Foundation. Information may be released to the Scholarship Chair or any Director of the Children’s Home Foundation.

SIGNATURE: ____________________________________________

DATE: __________________________________________________

Form 600-20