

**COMMUNITY FOUNDATION OF THE EASTERN SHORE**

**Esther M. Smith Scholarship  
Renewal Application**

**Student Name** \_\_\_\_\_  
Last First Middle

**Permanent Address** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State zip

**Phone number** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**College or University for which aid is requested** \_\_\_\_\_

**Required Attachments:**

**Copy of official transcript from previous semester.**

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**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please submit to:  
The Community Foundation of the Eastern Shore  
1324 Belmont Ave., Suite 401  
Salisbury, MD 21804