

PAT AND DICK HAZEL MINORITY SCHOLARSHIP RENEWAL APPLICATION

Student Name _____
Last First M.I.

Permanent Address _____
Street

City State Zip
Telephone () **Social Security Number** _____

College or University for which aid is requested _____

_____ () _____
Address Telephone

_____ e-mail address

Entrance Date _____

Estimated Expenses (eligible for scholarship award):

Tuition	\$
Fees	_____
Books	_____
Other ineligible expenses (room, board, etc.)	_____
Total	\$

Estimated Resources:

Parent contribution	\$
Student contribution	_____
Scholarships from other sources	_____
Federal Grants	_____
State Grants	_____
Work-study programs	_____
Educational Loans	_____
Other	_____
Total	\$

Estimated amount needed: \$ _____

I certify that I am a legal resident of _____ 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 _____

PERMISSION TO OBTAIN FINANCIAL AID INFORMATION

Name: _____

Address: _____

Name of college or university attending: _____

Social Security number: _____

I hereby authorize the above college or university I will attend to release information on financial aid awarded to me by them and/or from any other source to the Community Foundation of the Eastern Shore, Inc.

Signature

Date

CHECKLIST

FOR THE HAZEL MINORITY SCHOLARSHIP APPLICATION

ONLY COMPLETE PACKETS WILL BE CONSIDERED.

INCLUDED ARE:

- A completed scholarship application
- Official college transcript of most recent grades.
- Proof of enrollment at college or university.
- A copy of parent/guardian/student's most recent income tax return.

- Signed form giving the Community Foundation permission to obtain financial aid information in regard to grants, loan, and scholarships. (attached)

- Summary of Financial Assistance from college/university financial aid office if available, if not please make notation on this sheet as to when we can expect this information.

Completed applications must be submitted to the Community Foundation of the Eastern Shore, 1324 Belmont Avenue, Salisbury, MD 21804, postmarked no later than May 1st of the current school year, to be considered for fall semester assistance. An application is complete, and considered for a scholarship award, only when the above items have been submitted:

Signature

Date