

COMMUNITY FOUNDATION OF THE EASTERN SHORE

**Elizabeth Brittingham Pusey
Renewal Application**

Student Name _____
Last First Middle

Permanent Address _____
Street

City State zip

Phone number _____ **Social Security or student ID Number** _____

College or University for which aid is requested _____

Requirements

1. Recipient must have maintained a 2.5 GPA or higher
2. Recipient must provide proof of continued enrollment
3. Recipient must submit an official transcript of grades from previous year

FINAL TRANSCRIPT REQUIRED FOR RENEWAL

Student Signature _____ **Date** _____

Please submit to:
1324 Belmont Ave Ste 401
Salisbury, MD 21804-4500
410-742-9911