

Children's Home Foundation Career, Vocational, and Technical Scholarships

Criteria for The Children's Home Foundation scholarships are as follows:

- Student must pursue **vocational or technical studies only**, which may require up to 2 years of study or 3 years, in the case of nursing, at schools such as Wor-Wic and Del Tech. Our goal is for students to complete certification to enable them to become immediately employed in their chosen fields.
- The scholarship is not intended for general studies majors or those students intending to transfer to a four year college.
- ***We are especially looking for students who would not otherwise be eligible for full Pell Grants. Our ideal student would not have an EFC of "0" but need financial help to supplement family contributions. Strong academic students would get special attention.***
- The applicant must be a resident of one of the nine counties of Maryland's Eastern Shore.
- The applicant must have demonstrated ability to excel in his chosen field.
- The applicant must have applied to and been accepted by an approved school within 250 miles of the Eastern Shore.
- The application must
 - Be filled out in duplicate
 - Have three personal letters of reference (not from relatives) attached
 - Include the confidential financial statement signed by a parent or guardian.

The completed application, financial statement, and letters of reference should be returned to the guidance counselor's office **no later than March 10, 2016**. It must be returned to the CHF board member listed at the bottom of the application by a firm deadline of **MARCH 15, 2016**.

CHF board members will interview the applicant at school prior to presenting the application to the CHF Board of Directors.

The Children's Home Foundation of the Eastern Shore of Maryland (CHF) is a ministry of the Episcopal Diocese of Easton. For over fifty years, CHF has granted scholarships to seniors about to complete their high school education.

THE CHILDREN'S HOME FOUNDATION OF THE EASTERN SHORE, INC.

APPLICATION FOR CAREER/TECHNOLOGY SCHOLARSHIP: DUE MARCH 15 

PART 1

Applicant: Complete *every* item in part 1, request guidance counselor to complete part 2, parents/guardian complete part 3. Send all 3 forms in **DUPLICATE** (two copies), including 3 letters of reference to one of the addresses below by due date.

Full Name: _____

Date of birth:	Soc. Sec. #:	Cell Phone:
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Current address:

City:	State: County:	ZIP Code:
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High School:	Years you attended:	Email:
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Father's Name: _____

Father's address (if different from yours):	Father's occupation:
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Mother's Name: _____

Mother's address (if different from yours):	Mother's occupation:
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Ages of brothers:	Ages of sisters:	Others in household:
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Name and address of legal guardian if you are not living with either parent:

Name of career/tech. school you hope to attend:	Street address of school:
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City:	State:	ZIP Code:
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Describe program/training you plan to attend:

Length of program/training and approx. start date:

Have you been accepted?	If not, when will you apply?	Cost for 1 year, include books: \$
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→ THREE LETTERS OF REFERENCE (NOT FROM RELATIVES) MUST BE ATTACHED TO THIS APPLICATION

Ref. #1:		
Ref. #2:		
Ref. #3:		

MAIL ALL 3 PARTS OF THE APPLICATION TO ONE OF THE ADDRESSES BELOW:

Mrs. PK Phillips, 225 Canal Park Dr., #14, Salisbury MD 21804, 410-742-7843	
Mrs. Lynne Peverley, 1102 Riverside Drive, Sallsbury MD 21801, 410-341-0676, lynnepev@aol.com	
Mrs. Ann Allen, 613 Tony Tank Lane, Salisbury MD 21801, 410-546-9068, Ann.allen@comcast.net	

SIGNATURES

Signature of Parent or Guardian: _____

Signature of applicant: _____

Date: _____

THE CHILDREN'S HOME FOUNDATION OF THE EASTERN SHORE, INC.

SCHOOL COUNSELOR TO COMPLETE THIS PAGE: PART 2

Directions to counselor: Please complete Part 2 after the applicant has completed Parts 1 & 3 and mail all to address on bottom of Part 1. PLEASE SEND ENTIRE APPLICATION IN DUPLICATE.

Full name of applicant:

Date of birth:

Sex: (M or F)

Current address:

City:

County:

State:

Zip Code:

Parent/Guardian:

SCHOOL RECORD

EXPECTED GRADUATION DATE:

COURSE: academic, commercial, gen., vocational

AVERAGE GRADE IN SENIOR YEAR:

AVERAGE GRADE IN HIGH SCHOOL:

**** DETAILED SCHOOL RECORDS HELPFUL, BUT NOT REQUIRED ****

IS THIS STUDENT'S HIGH SCHOOL RECORD IN ACCORD WITH THE TECHNICAL PROGRAM HE /SHE HAS CHOSEN?

PLEASE USE THIS SPACE TO COMMENT ON STRENGTHS AND WEAKNESS OF APPLICANT THAT MIGHT AFFECT FUTURE SUCCESS:

COUNSELOR'S RECOMMENDATIONS

SIGNATURE OF SCHOOL OFFICIAL

Signature:

Title:

Date:

Name of school:

Address of school:

THE CHILDREN'S HOME FOUNDATION OF THE EASTERN SHORE, INC.

CONFIDENTIAL FINANCIAL STATEMENT: PART 3

Full name of applicant: _____ Number living in household: ___adults___children

Name of parents/legal guardian: _____

Father's employer: _____ approximate monthly wages:\$_____

If father is not employed, give source of his income and approx. monthly amount: \$_____

Mother's employer: _____ approximate monthly wages:\$_____

If mother is not employed, give source of her income and approx. monthly amount: \$_____

APPLICANT'S EMPLOYMENT INFORMATION

Name & address of current employer: _____ approximate monthly wages:\$_____

Applicant's savings and/or investments: _____

Has applicant applied for other financial help? Loans, grants, scholarships?

You must complete a FAFSA application and show here your EFC (expected family contribution #):

ASSETS

List household income other than wages: S.S., rent, child support, etc:

Savings accounts: \$ _____ Other Investments: \$ _____

Cars: list owner, make and year of each-

Value of home: If owned, give mortgage, taxes and insurance per month: \$ _____

If renting, give monthly payment \$ _____ Insurance: \$ _____ Other:\$ _____

Other assets: (specify exact item and value):

Explain other monthly expenses (such as medical, etc.):

Add any additional information that would affect financial need situation:

PARENT/GUARDIAN SIGNATURE REQUIRED

I declare that the information reported on this statement, to the best of my knowledge and belief, is true and complete.

Signature: _____

Date: _____

Name _____

