This scholarship is limited to persons who are **graduates** of a **Cecil County, MD public high school** and who are entering their junior or senior year in the field of education. The value of the scholarship is up to $1500.

Name of Applicant:

First Middle Last

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_ Date of Birth:

MM / DD / YYYY

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Male \_\_\_\_\_ Female

College Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_

Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School graduated from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you file a FAFSA? \_\_\_\_\_ Yes \_\_\_\_\_ No

According to the FAFSA records, what is the expected family contribution? \_\_\_\_\_\_\_\_\_\_\_\_

Family members attending college (include yourself):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | School or College this person is attending | Amount of Scholarship/Grants |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Total number of family members residing at home (including self): \_\_\_\_\_\_\_\_\_

I will be a \_\_\_\_\_ Junior \_\_\_\_\_ Senior this coming year.

Do you intend to return to Cecil County to teach? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you become aware of this scholarship?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarships and Grants that you receive:

|  |  |
| --- | --- |
| Name | Amount |
|  |  |
|  |  |
|  |  |
|  |  |

Job experience within past two years:

|  |  |  |
| --- | --- | --- |
| Job Title | Job Description | Dates worked from \_\_\_\_ to \_\_\_ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Community Service within past two years:

|  |  |  |
| --- | --- | --- |
| Sponsoring Organization | Service Performed | Dates performed from \_\_ to \_\_ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

In essay form, answer each of the following two questions with a minimum of 250-300 words for **each** question.

a. Why did you choose teaching as a career?

b. How will this scholarship assist you in attaining your career goals in education?

**Directions for filing this scholarship application**:

Once you have completed the requested information and essays, include official transcripts from **all** colleges attended and mail to the address below.

**Envelope must be post marked no later than Friday, April 25, 2025.**

Send to:

Mrs. Charlene Metzger

Scholarship Chairperson

230 Crothers Road

Rising Sun, MD 21911