

Deb Sheftz Memorial Scholarship* Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Information:

Phone: _____ Email: _____

Colleges Applied to and the status of applications:

Goal after college and how college will assist you with this goal:

Are you the first in your family to go to college?

Did you take any AP classes, and if so, please list the classes:

Do you participate in “A Place at the Table” or similar type of organizations? These organizations assist students who are disadvantaged, or who may be the first on the family to strive for higher education opportunities, with college and life preparation. If so, list and dates of participation:

*(The Deb Sheftz Memorial Scholarship Fund is a component fund with the Community Foundation of Southern Maryland (CFSOMD), a 501 (c)(3) charity.

What activities do you participate in outside of school (remember family obligations and working are activities). Why did you choose these activities?

What do you think is the greatest social injustice (locally, nationally, or in the world at large)? List any actions you have taken to personally address this injustice and why you chose those actions.

Describe something you are committed to and are passionate about and how you express that commitment and passion. How did this passion develop?

Include any other information that you think will be helpful to the committee in making a decision.

Remember to attach essay or other original presentation.

There may be a personal interview for finalists. If one occurs, you will have the option of having either a teacher or friend accompany you and it will occur at the school.

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If you need additional space, you may either attach additional pages or copying the application into a document to provide the additional space.

Signatures and Disclaimer

I certify that the information provided in the Deb Sheftz Memorial Scholarship Application is true and complete to the best of my knowledge. The essay portion attached was completed on my own, free of plagiarism, and represents my own ideas and thoughts.

_____	_____	_____	_____
Applicant Signature	Date	Parent/Guardian Signature	Date

Photo Release Permission

I give permission for a photograph of my child to be used in a press release in the event that he/she is awarded the scholarship.

_____	_____	_____	_____
Applicant Signature	Date	Parent/Guardian Signature	Date

Deadline for Submission: On or before Monday, April 3, 2016 to: the Guidance Office.

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