



THERMAN GRAY MEMORIAL SCHOLARSHIP EDUCATION AWARD PROGRAM

APPLICANT INFORMATION

Date: _____ Expected Year of Graduation: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Extra-curricular activities, community involvement or organizational membership:

SCHOOL INFORMATION

Name of school: _____

Major: _____

APPLICANT ELIGIBILITY

I am a (please check): Calvert County resident Graduating senior GPA: _____

I have included (please check):

- | | |
|---|--|
| <input type="checkbox"/> Proof of residency | <input type="checkbox"/> Letter of recommendation (personal) |
| <input type="checkbox"/> A copy of my most recent report card or
homeschool review | <input type="checkbox"/> Letter of recommendation (professional) |
| <input type="checkbox"/> Acceptance/enrollment letter from school | |
| <input type="checkbox"/> Two-minute video submission (mp3 file or link) _____ | |