CRUISIN MEMORIAL SCHOLARSHIP

Cruisin Ocean City has established an educational grant to assist capable high school graduates who wish to continue their education beyond the High School Level. Under the assistance program, a minimum of \$500.00 up to \$1000.00 will be awarded to applicants who are selected by the Grant Committee and will be disbursed to the Recipient's College/Vocational Institution on the Recipients behalf to help defray the costs of the *first year* of continuing education.

Scholarship Guidelines:

- 1. Applicant must be a U.S. citizen and reside in the mid-Atlantic area. Young men and women are both encouraged to apply.
- 2. The scholarship award is to be applied toward college tuition/vocational expenses. Actual payment of funds will be made to the college/school of the recipient's choice.
- 3. A completed copy of the Scholarship Reporting Form must be filled out in full, signed by applicant and parents/guardians. Applications must be received by the Committee no later than May 1, 2024. (We cannot be responsible for applications arriving late.)
- 4. The recipient of this award will be announced at the Cruisin Ocean City Award Ceremony. The ceremony will be held on Sunday, May 19, 2024 in Ocean City Maryland.

SCHOLARSHIP REPORTING FORM APPLICATION

In order to be considered, this application must be completed fully and accurately. Students must certify that the information they provide is true, complete and correct. Moreover, each student must obtain the signature of their parents or legal guardian. The student is responsible for submission of the completed application by May 1, 2024. Applications received late will not be considered, nor will applications that are illegible or not signed by the student or parent/legal guardian. All information contained within this application will be held in strict confidence by the Grant Committee. However, Cruisin Ocean City (and participating Car Clubs) reserves the right to announce and publish the name and photos of the winner in all related media.

Please complete all items within this application. This application and all supporting materials must be typed, prepared on a computer or neatly printed. Additional pages may be used to answer any of the following questions.

NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME TELEPHONE: ()		
(D 4 - F O)		

SCHOLARSHIP REPORTING FORM APPLICATION PAGE 2

FULL NAME OF PARENT(S) OR LEGAL GUARDIAN WITH WHOM YOU LIVE:		
		GRADUATION DATE:
AWARDS OR I	RECOGNITION RECEIVED IN SC	HOOL AND/OR COMMUNITY:
LIST THE COL	LEGES/SCHOOLS YOU HAVE AP	PLIED TO:
		TO PURSUE:
LIST YOUR CU	JRRENT INTEREST AND HOBBIE	ES:
		ULD LIKE TO HAVE THIS SCHOLARSHIP:
		S/GRANTS? IF YES, PLEASE EXPLAIN:
OF MY KNOWLE MEDIA.	DGE. I FURTHER CERTIFY THAT IF	PLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST I AM A WINNER, MY NAME AND IMAGE MAY BE USED IN ALL DATE:
OF MY KNOWLE AND ALL MEDIA.	DGE. I ALSO AGREE TO THE ABOVE	TEMENTS ARE TRUE, COMPLETE AND CORRECT TO THE BEST THAT MY CHILD'S NAME AND IMAGE MAY BE USED IN ANY DATE:
	eleted form by May 1, 2024 to:	

P.O. Box 616 Mayo, MD 21106