

THE MARY H. BAILEY EDUCATIONAL TRUST FUND

Established Under the Will of Mary H. Bailey
BNY Mellon Trust of Delaware

INDIAN RIVER SCHOOL DISTRICT
Sussex Central High School

RENEWAL APPLICATION

Name of Applicant

INSTRUCTIONS

1) **All questions must be answered completely.** If the answer to any question is “no” so indicate; or if the question does not apply, place a N/A in the space.

An incomplete and/or unsigned application will not be considered.

2) Additional information, if thought necessary to explain in more detail, may be written on a sheet of paper and attached to this form. Use the number of the section to reference the attached material.

3) All information furnished in connection with a student’s application for a Mary H. Bailey Educational Trust Fund Scholarship will be treated confidentially.

4) The following documents **MUST BE INCLUDED IN THE APPLICATION PACKET** and returned to **Indian River School District, Attn: Personnel Office, 31 Hosier Street, Selbyville DE 19975. The application must be received at the 31 Hosier Street address prior to 4:00 p.m. Thursday, June 27, 2019. It is recommended that you do not wait until the last day.**

- Student Renewal Application
- **Official, Unopened,** transcript including the Fall 2018 and Spring 2019 Grades.

POLICIES

BAILEY SCHOLARSHIPS are awarded to worthy and deserving students who are graduates of Sussex Central High School to assist them in financing their education beyond high school.

The scholarships are intended to augment students' resources for educational expenses and not to meet total college/school costs for a school year or degree programs.

BAILEY SCHOLARSHIPS are not awarded and or renewed:

1. For more than four years
2. For graduate/professional study beyond the baccalaureate degree
3. To students that do not maintain a 2.5 GPA

PERSONAL INFORMATION

1) NAME LAST FIRST MIDDLE HOME PHONE

2) HOME STREET CITY STATE ZIP CODE CELL PHONE
ADDRESS

3) EMAIL ADDRESS

4) DATE OF BIRTH PLACE OF BIRTH
Month Day Year

5) FATHER (Or Guardian)
NAME LAST FIRST MIDDLE

6) HOME STREET CITY STATE ZIP CODE
ADDRESS

7) MOTHER (Or Guardian)
NAME LAST FIRST MIDDLE

8) HOME STREET CITY STATE ZIP CODE
ADDRESS.

COLLEGE INFORMATION

- 9) NAME OF COLLEGE/SCHOOL _____
- A. COLLEGE STUDENT ID# _____
- 10) ADDRESS _____
- 11) DATE OF FIRST ENROLLMENT _____
- A. EXPECTED DATE OF GRADUATION _____
- 12) MAJOR COURSE OF STUDY _____
- 13) DEGREE/DIPLOMA EXPECTED _____
- 14) CAREER GOAL _____
- 15) GIVE YOUR CUMULATIVE GRADE POINT AVERAGE _____
- 16) GIVE YOUR GRADE POINT AVERAGE FOR THIS ACADEMIC YEAR _____

Applying college students must provide official transcripts showing all course work completed.

I have read the POLICIES statement and I have checked my answers to all the questions on this application. I certify that the information given herein is true and complete. I acknowledge that any mis-statement or misrepresentation of fact may result in my disqualification for favorable consideration of a scholarship award.

DATE _____ SIGNED _____
Student Applicant