



THE COMMUNITY FOUNDATION  
of FREDERICK COUNTY

The Community Foundation of Frederick County  
312 East Church Street  
Frederick, MD 21701  
301-695-7760

## Scholarship Funds Request: Distinguished Young Women of Maryland

Please Allow 60 Days for Colleges to Deposit Funds-check your college account regularly for activity

\*You must claim your scholarship within five years of your high school graduation or it reverts back to the program. If you do not intend to use your funds within your first year of college, please send us a letter of intention so that we can keep it on file. **If we do not receive a letter, you may forfeit your scholarship.**

As stated in your signed Participation Agreement Form, you must have completed TWO BYBS Presentations (local and state participants) and TWO MBRT presentations (state participants only) before your high school graduation. Please discuss this with your chairperson if unable to complete.

**Submit All Required Information Below to be Eligible for Funds:**

**Submit all information to: Ms Nicole Orr: [Maryland@distinguishedYW.org](mailto:Maryland@distinguishedYW.org)**

My name:  
(print) \_\_\_\_\_

DYW Title, County and Year \_\_\_\_\_

I will or am attending (Name of School) \_\_\_\_\_ beginning  
(date) \_\_\_\_\_ / \_\_\_\_\_

If not using my scholarship the year of my graduation from high school, I anticipate using it  
(date) \_\_\_\_\_. All awarded money must be used within FIVE years of date of awarded.

Please send funds payable to:(college) \_\_\_\_\_ in the amount of  
\$ \_\_\_\_\_

Address of specific department (Registrar's Office, Financial Aid Department) or wiring instructions per  
University \_\_\_\_\_

My College ID # for reference \_\_\_\_\_

The funds are due by \_\_\_\_ / \_\_\_\_ / \_\_\_\_.



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WE REQUIRE ALL THE INFORMATION BELOW TO PROCESS YOUR REQUEST:

Print your name \_\_\_\_\_

Signature \_\_\_\_\_

Email \_\_\_\_\_ Telephone # \_\_\_\_\_

Date \_\_\_\_\_

List all Distinguished Young Women programs, category and amount of awards for which you will receive funds:

Local: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ;

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

State: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ;

\_\_\_\_\_ ; \_\_\_\_\_

**Transcript Release Statement**

- In consideration of the academic scholarship awarded to me and administered by the Distinguished Young Women of Maryland Scholarship Fund, I authorize (College or University) \_\_\_\_\_ or any other educational institution I may attend to furnish the Community Foundation of Frederick County with certified transcripts of grades and credits earned by me at the end of each grading period. This authorization will remain in effect for as long as I am a recipient of scholarship funds from the foundation and for such periods as I use the funds.

Signature \_\_\_\_\_

Date \_\_\_\_\_