

# Maryland House of Delegates Scholarship Application

## Delegate Mike McDermott District 38B

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*Maryland House of Delegates Scholarship Application does not automatically renew each year. A new application and FAFSA must be completed and reviewed for consideration.*

### I. Basic Information (Please Print) :

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address 1: \_\_\_\_\_ Home Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Facebook: \_\_\_\_\_ Website: \_\_\_\_\_

1. Are you a new applicant to the Maryland House of Delegates Scholarship Program?  Yes  No
2. Level of education you are pursuing?  Undergraduate  Post-Graduate 3. Entrance Year \_\_\_\_\_
4. Do you have any relatives that hold elected office in the State of Maryland, Wicomico or Worcester County?  
\_\_\_\_\_ If yes, who? \_\_\_\_\_ Title \_\_\_\_\_

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### II. High School Information:

*Note: If multiple schools (or accredited institutions) were attended, please provide most recent or currently enrolled. Transcripts may be required of all attended.*

Name of School or Institution: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Class Rank: \_\_\_\_\_ of \_\_\_\_\_

GPA (Unadjusted): \_\_\_\_\_ GPA (Adjusted): \_\_\_\_\_ Honors (Designations): \_\_\_\_\_

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### III. College Information:

*Note: Please skip this section if you have not yet attended college or higher learning institutions. If multiple schools (or accredited institutions) were attended, please provide most recent or currently enrolled below. Use a separate sheet of paper to provide the same information for each attended. Transcripts may be required of all attended.*

Name of School or Institution: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Year(s) Attended: \_\_\_\_\_ Credits Completed: \_\_\_\_\_

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**IV. Scholastic Information:**

SAT Scores: Verbal \_\_\_\_\_ Math: \_\_\_\_\_ Date Taken: \_\_\_\_\_ ACT Score: \_\_\_\_\_

List any academic awards/honors that you have received (including internships and life credits)

<u>Date</u>	<u>Award/Honor/Credit</u>	<u>Description (as necessary)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**V. Extra-Curricular Activities (including civic and community activities):**

<u>Date</u>	<u>Activity Name (include Organization name if civic or community)</u>	<u>Description (as necessary)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have additional activities, use a separate sheet of paper providing above requested information as necessary.

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**VI. Scholarship Information:**

Consideration is requested for the Maryland House of Delegates Scholarship for use at the following accredited college or institution

Note: must be a college/university within the State of Maryland. In order to verify your major as unique, you must complete the Unique Major Application and submit it to MHEC with the required documentation. Allow 8 weeks for processing (prior approval and other restrictions may also apply): \_\_\_\_\_

Please complete the following information based on the semester in which you will be entering your college or institution of choice:

Semester/Year: \_\_\_\_\_ Level:  Freshman  Sophomore  Junior  Senior

Major/Area of Interest (if not declared): \_\_\_\_\_

**VII. Essay Requirement:**

Each Maryland House of Delegates Scholarship Applicant must complete a 2-3 page essay on American Exceptionalism (single spaced, 1 inch margins, Times New Roman Size 12 font 1000-1500 words). The essay should demonstrate your understanding of this topic as well as your skills as a writer.

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**VIII. Financial Need:**

Please provide the following information. In addition to you must complete and file the FAFSA by March 1. Use separate sheets if additional space is required.

Resident(s) in your household along with their occupation and relationship to you

<u>Name</u>	<u>Relationship</u>	<u>Occupation / Level of Education Completed</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Household Annual Income: \_\_\_\_\_ (as reported to the IRS and MD Dept of Taxation)

Employment History (Full and Part Time) (Use additional sheets as necessary)

<u>Date</u>	<u>Employer</u>	<u>Position and Description (as necessary)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list additional financial aid applied for, received in past, and/or granted for the semester/term applying for and amount received/estimated to receive (use separate paper if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable, please explain any additional financial burdens or considerations of you and/or your family that may help in determining your financial need for the Maryland House of Delegates Scholarship. Use a separate sheet of paper (limit 250 words please).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IX. Other / Additional Information:

- 1. In a sealed envelope, please include at least one (maximum three) letter of recommendation from one of the following: teacher, principal, guidance counselor, employer or respected community leader.
- 2. Does your parent or guardian currently serve as a law enforcement officer?  Yes  No
- 3. Is your parent or guardian currently serving in the US Military?  Yes  No
- 4. Use the following space to share additional information that may be helpful. Please be brief.

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X. Applicant Conclusion:

I have enclosed ALL of the necessary information as stated in the preceding application and have submitted the above information for consideration for the Maryland House of Delegates Scholarship Program. I understand that neither prior awards of similar scholarships nor any one section of this application shall be used to prefer any applicant for another. I attest that the information provided is true and that the essay submitted was written by the applicant without assistance and is original in context and form. I understand that failure to submit any of the requested information can be cause for denial of scholarship funds.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (or Parent/Guardian if under 18 years old): \_\_\_\_\_ Date: \_\_\_\_\_



Note: All information will be kept confidential. Additional information may be requested for full consideration. All information provided by the applicant will remain confidential and will only be used for consideration of House of Delegates Scholarship 2011 Application Cycle.

Note: All applicants shall be notified of their acceptance or denial in writing. No application status inquiries via phone please.

Note: Applications received after April 1 may not be given consideration. No faxed applications please

Submission Information: Mail application and all requested information (including confirmation of FAFSA filing) to: Delegate Mike McDermott, House of Delegates, 6 Bladen Street, Room 323, Annapolis, MD 21401