

MARYLAND HOUSE OF DELEGATES SCHOLARSHIP APPLICATION

****Information provided below is for the use of the Scholarship Committee in considering your application.**

It will be kept confidential. Please return this application, an official transcript or copy of last semester grades, and an essay to: Delegate Michael L. Vaughn, 1891 Brightseat Road, Landover, MD 20785

NAME:

DATE OF BIRTH: _____ **TEL.#:** (____) ____ - ____ **SOC. SEC.#:**
____ - ____ - ____

ADDRESS:

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CITY: _____ **STATE:** _____ **ZIP:**

LENGTH OF RESIDENCY AT CURRENT ADDRESS ____ **U.S. CITIZEN:**
yes: __ **no:** __

I am a legal resident of Maryland Legislative District 24 and would like to be considered for a House of Delegates Scholarship to attend (name of institution): _____
_____.

I will enter school in September _____ **as a: (Check one) freshman** ____;
Sophomore ____; **junior** ____; **senior** ____; **Graduate** _____. **I will be a** _____ **full-time student or a** _____ **part-time student. Received Letter of Acceptance: yes** ____ **/no** ____

I graduated from, or will graduate from _____ **in**
_____ **20** ____.

List previous colleges attended:

Degree or Major you will pursue: (1) _____ **(2)** _____

SCHOLASTIC INFORMATION (High School Seniors):

SAT SCORES: VERBAL _____ **MATH** _____ **DATE TAKEN**

ACT SCORES: VERBAL _____ **MATH** _____ **DATE TAKEN**

GRADE POINT AVERAGE _____

CLASS RANKING: _____ **in** _____

***** You must attend a Maryland school or to receive this scholarship to attend an out of state school, you must have your academic major approved "Unique" by the Maryland Higher Education Commission. *****

List jobs, both part and full-time, held during the past two (2) years or N/A:__

List number and ages of your dependent children. Give year and place of enrollment for any college students or N/A:_____

List other financial aide you have accepted or expect to receive (Attach a separate sheet if needed):_____

Indicate the number of students attending college/technical schools in your household (including yourself)?_____

**Indicate Family's yearly Income: \$_____ Total Number of
Dependent Children in Household: _____ List special financial burdens or
expenses:_____**

**On a separate sheet, provide any additional information, which will help the
Scholarship Committee in their consideration of your application.**

(Students Signature) (Date)

**(Parent/Guardian Signature) (Print
Parent/Guardian Name)**

**(Parent/Guardian Signature) (Print
Parent/Guardian Name)**