

Delegate Pamela G. Beidle
Suite 161, Lowe House Office Building
Annapolis, MD 21401
410.841.3370

2010/2011

Maryland House of Delegates Scholarship Application

High School Senior _____
College Student _____
Graduate School _____

New Application _____
Re-Application _____

Name: _____ Title: _____
Last First Middle Mr. Ms. Mrs.

Date of Birth: _____ Social Security Number: _____

Home Address: _____

Telephone Number _____ Cell Phone Number _____

Email Address _____

Education:

School Currently Enrolled _____ Grade Level _____
(Official Transcripts must be provided.)

High School Attended: _____ Year of Graduation _____

List previous colleges attended, if any and please supply **OFFICIAL TRANSCRIPTS**.

Expected Graduation Date (College Graduation or Advanced Degree Completion):

I will enter school in **September of 2010** as a Freshman _____; Sophomore _____;
Junior _____; Senior _____; or Graduate Student _____.

I will attend as a full-time student _____; part-time student _____.

Scholastic Information:

SAT Scores:

Reading: _____ Writing: _____ Math: _____ Date Taken: _____

Class Rank: _____ out of _____ Grade Point Average _____

Activities:

Please list any **school activities** plus elected positions and years held. Also please include any Honors and Awards received. Attach additional paper if needed.

Please list **community, religious, and service activities**, as well as other activities and interests to which you have devoted your time. Attach additional paper if needed.

FINANCIAL NEED:

List any jobs (full/part-time) held during the past three years.

To better evaluate your financial need, please complete the following:

Father's Occupation and Salary _____

Mother's Occupation and Salary _____

Spouse's Occupation and Salary _____

Other sources of family income _____

Total Family Income _____

List special financial burdens or expenses of your family:

Family Dependents:

Name: _____ Age: ____ School: _____ Grade: _____

Name: _____ Age: ____ School: _____ Grade: _____

Name: _____ Age: ____ School: _____ Grade: _____

List all other financial assistance applications you have made and the responses received to date: _____

List any financial assistance being offered by your parents: _____

Any comments or additional information which you believe will assist the Scholarship Committee in their consideration of your application should be written below. Use additional paper if necessary.

On a separate sheet of paper, please write a paragraph stating your future goals and how your education will help you achieve them.

I am a legal resident of Maryland Legislative District 32 and would like to be considered for a House of Delegates Scholarship to: _____

(Must be a Maryland school or qualify because the Major is not offered at a MD School)

SIGNATURE _____ Date _____

The information provided is only for the use of the Scholarship Committee in consideration of your application. IT WILL BE KEPT CONFIDENTIAL.

**When mailing be sure you have:
Signed the application
Included the APPLICATION, REQUIRED ESSAY,
and necessary TRANSCRIPTS.**

**Unsigned applications, Incomplete Applications or those not
containing the Essay or Transcripts
WILL NOT BE CONSIDERED.**