



**Scholastic Information:**

SAT Scores: (High School Applicants)

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 explaining what your future goal is and how education will help you achieve it.**

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.

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.**