

Maryland District 32 Senatorial Scholarship Application

PLEASE TYPE or PRINT LEGIBLY

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

I am a: High school Senior _____ College Student _____ Graduate Student _____

Date of Birth: _____ Last 4 numbers of your Social Security _____

Home Address: _____

City, State & ZIP Code: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Education: Official Transcript must be provided.

School Currently Enrolled: _____ Grade Level: _____

High School Attended: _____ Year of Graduation: _____

I will enter college in fall 2022 as a:
Freshman _____; Sophomore _____; Junior _____; Senior _____; Graduate Student _____.

I will attend _____
Must be a Maryland School unless you have "Unique Major" status with MHEC

as a full-time _____; part-time student _____.

FINANCIAL NEED:

If a dependent: Father's

Mother's

Occupation _____
Salary _____

Occupation _____
Salary _____

If Independent: Your Income

Spouse's

Occupation _____
Salary _____

Occupation _____
Salary _____

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Family Dependents:

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

Other sources of household income

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

List special financial burdens or expenses:

List any financial assistance being provided to you:

Any comments or additional information which you believe will assist the Scholarship Committee in their consideration of your application may be submitted on a separate sheet of paper.

I am a legal resident of Maryland Legislative District 32 and would like to be considered for a Senatorial Scholarship.

Signature

Date

Be sure you have:

Signed the application

Included the APPLICATION, ESSAY, copy of you FAFSA, Resume, and Necessary TRANSCRIPTS

Unsigned, illegible, incomplete applications, or those not containing the essay or transcripts WILL NOT BE CONSIDERED.