

**House of Delegates Scholarship Application – District 37B**  
**Delegates Christopher T. Adams & Johnny Mautz**

Applications must be postmarked by April 15, 2016 and mailed to the office of Delegate Christopher T. Adams, 6 Bladen Street, Room 326, Annapolis, MD 21401. Late applications will not be accepted. Please fill out all information. If you do not possess the information required, please provide a brief explanation. Do not send anything other than the requested information.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Resident of Legislative District: \_\_\_\_\_ (You **must** be a resident of 37B to receive this scholarship)

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

College/University that you plan to attend/or are already attending & what year of study:

\_\_\_\_\_  
(Please note: If plans are to attend an out-of-state college, attach verification from the Scholarship Administration that your major is approved as a “unique” major.)

Have you been accepted? YES/NO

Do you live with your parents: YES/NO  
(If NO, please skip to page 2)

Are you a previous year’s scholarship recipient? YES/NO (If yes, please sign & return)

If you live with your parents or guardians:

How many children are dependent on your parents or guardians? \_\_\_\_\_

Father/Guardian and Occupation: \_\_\_\_\_

Mother/Guardian and Occupation: \_\_\_\_\_

GROSS FAMILY INCOME: \_\_\_\_\_

How much will your family contribute toward your college expenses? \_\_\_\_\_

If you worked, your gross income for 2014: \_\_\_\_\_

If you are not living with your parents:

How many children are dependent on you? \_\_\_\_\_

Your Occupation and Income: \_\_\_\_\_

If Married, Spouse Occupation and Income: \_\_\_\_\_

List all financial aid applied for or currently receiving: (Amount - Confirmed Award - School Assistance)

Recent Work History: (Include occupation, employer, specify full or part-time, length of employment)

Hobbies, Community Service, Interests, Activities, Awards, Extra-Curricular Activities:

Are there any special family circumstances to consider? (Divorce, medical conditions or expenses, disabilities, other?)

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

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18 years of age)