

HOUSE OF DELEGATES 2016-2017 SCHOLARSHIP APPLICATION

**DELEGATE SHEREE SAMPLE-HUGHES, DISTRICT 37A
6 BLADEN STREET, ROOM 221, ANNAPOLIS, MARYLAND 21401
1 800 492 7122 X 3427 or 410 841 3427**

NAME: _____ MALE _____ FEMALE _____
 LAST FIRST MIDDLE

SSN: _____ DATE OF BIRTH: _____
ARE YOU A REGISTERED VOTER IN LEGISLATIVE DISTRICT 37A? _____ IF YOU ARE
NOT A REGISTERED VOTER, WHY NOT? _____

PERMANENT ADDRESS:

_____ STREET ADDRESS CITY COUNTY ZIP CODE

HOME TELEPHONE: _____
CELL PHONE NUMBER: _____

DO YOU LIVE WITH YOUR PARENTS? YES _____ NO _____ HOW MANY CHILDREN ARE
DEPENDENT ON YOUR PARENTS? _____ HOW MANY CHILDREN ARE DEPENDENT ON
YOU? _____

FATHER'S NAME: _____ MOTHER'S NAME: _____
ADDRESS: _____ ADDRESS: _____

EMPLOYER: _____ EMPLOYER: _____
POSITION: _____ POSITION: _____

OR - IF MARRIED, SPOUSE'S NAME AND
OCCUPATION: _____

GROSS FAMILY INCOME: \$ _____

NAME AND ADDRESS OF HIGH SCHOOL ATTENDED: _____

DATE OF GRADUATION: _____ GPA: _____

DATE OF SAT OR ACT EXAMINATION (SPECIFY WHICH TEST TAKEN): _____

VERBAL SCORE: _____ MATH SCORE: _____

**IF YOU ARE A HIGH SCHOOL SENIOR, PLEASE INDICATE THE COLLEGE THAT YOU
WILL BE ATTENDING IN THE FALL OF 2016. IF, AT THE TIME OF THIS APPLICATION,
YOU ARE UNSURE ABOUT WHERE YOU WILL BE ATTENDING SCHOOL NEXT FALL,
PLEASE CONTACT THIS OFFICE WITH THAT INFORMATION AS SOON AS YOU KNOW
WHERE YOU WILL BE GOING TO SCHOOL.**

WILL YOU BE A PART-TIME OR A FULL-TIME STUDENT? _____

IF YOU ARE ALREADY IN COLLEGE, COMPLETE THE FOLLOWING:

I HAVE COMPLETED AT LEAST ONE YEAR OF COLLEGE AND AM CURRENTLY IN MY _____ YEAR.

ARE YOU A PART-TIME OR FULL-TIME STUDENT? _____

NAME OF COLLEGE: _____ MAJOR: _____ GPA: _____

LIST ALL FINANCIAL AID APPLIED FOR AND ANY RECEIVED WITH AMOUNT (INCLUDE GRANTS, STATE, SENATORIAL, DELEGATE, OTHER- BE SPECIFIC) _____

YOUR FAMILY 2015 GROSS INCOME: \$ _____

HOW MUCH DID YOU SAVE FOR COLLEGE? \$ _____

YOUR 2016 EXPECTED EARNINGS: \$ _____

WORK HISTORY (INCLUDE OCCUPATION, EMPLOYER, SPECIFY FULL OR PART-TIME, LENGTH OF EMPLOYMENT, REASON FOR LEAVING): _____

HOBBIES, COMMUNITY SERVICE, INTERESTS, ACTIVITIES, AWARDS, MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS, EXTRA-CURRICULAR ACTIVITIES: _____

ANY SPECIAL CIRCUMSTANCES TO CONSIDER (DIVORCE, MEDICAL CONDITIONS OR EXPENSES, DISABILITIES, OTHER):

PLEASE ENCLOSE A LESS THAN ONE-PAGE ESSAY ON WHY YOU FEEL YOU ARE DESERVING OF A DELEGATE SCHOLARSHIP AND A COPY OF YOUR VOTER REGISTRATON CARD IF APPLICABLE. IN ADDITION, ENCLOSE A COPY OF YOUR TRANSCRIPT OR BE SURE TO HAVE ONE MAILED TO THE ANNAPOLIS OFFICE. ALL PAPERWORK MUST BE RECEIVED IN THIS OFFICE BY APRIL 15, 2016.

SIGNATURE: _____ DATE: _____