



House of Delegates Scholarship Application

DELEGATE SUSAN K. MCCOMAS



Annapolis Office Phone: (410) 841-3272

Complete application with all required documentation is due April 1st

See the instructions as provided with the online application.

Please complete the following form and return to Delegate Susan K. McComas. at: 6 Bladen Street, Room 319, Annapolis, MD 21401		Check box if this is a renewal application. <input type="checkbox"/>	
SECTION I PERSONAL INFORMATION	NAME OF APPLICANT (Please type or print legibly.)		SEX
	(L) _____ (F) _____ (M.I) _____		_____M _____F
	LAST FOUR DIGITS ONLY OF YOUR SOCIAL SECURITY NUMBER XXX ____ XX ____	DATE OF BIRTH	PHONE
	HOME ADDRESS	CITY	ZIP CODE
	FATHER (OR GUARDIAN) NAME		MOTHER (OR GUARDIAN) NAME
	FATHER (OR GUARDIAN) OCCUPATION AND EMPLOYER		MOTHER (OR GUARDIAN) OCCUPATION AND EMPLOYER
	YOUR MARITAL STATUS Married _____ Divorced _____ Single _____		COLLEGE ATTENDANCE PLANS
Do you have any dependents? Yes _____ No _____ If yes, how many? _____		_____ Full-time Student _____ Part-time Student	
Do your parents have any additional dependents? Yes _____ No _____ If yes, how many? _____		_____ Undergraduate _____ Graduate	
SECTION II FINANCIAL INFORMATION	Total Family Income (Salaries, Interest, Dividends as reported to IRS): \$ _____		
	<u>STUDENT FUNDS AVAILABLE</u>		
	Scholarships: \$ _____	Full-time job: \$ _____	
	Savings: \$ _____	Part-time job: \$ _____	
Loans: \$ _____	Other: \$ _____		
SECTION III ACADEMIC INFORMATION	NAME OF SCHOOL YOU WILL ATTEND		CITY & STATE OF SCHOOL
	NAME OF HIGH SCHOOL		YEAR GRADUATED
	CURRENT G.P.A.:	CLASS RANK: (OUT OF)	Maryland Higher Education Account #
	MATH S.A.T./A.C.T SCORE	VERBAL S.A.T./A.C.T SCORE:	DATE OF S.A.T./A.C.T:
	EXTRACURRICULAR ACTIVITIES, COMMUNITY SERVICE, AND EMPLOYMENT (Use back of application form if needed.)		
	CAREER GOALS:		

PLEASE ENCLOSE A 300 – 400 WORD ESSAY EXPLAINING HOW THIS SCHOLARSHIP WILL HELP YOU ACHIEVE YOUR GOALS, AN OFFICIAL TRANSCRIPT OF YOUR GRADES AND ANY OTHER HELPFUL INFORMATION.

CERTIFICATION: All information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the above information. I realize this proof may include a copy of U.S., state, or local income tax returns. I agree that if I do not furnish proof of the above information upon request, student aid may not be received.

NOTE: Parent signature is required if you still live at home or they provide you with any support.

STUDENT SIGNATURE

PARENT OR SPOUSE SIGNATURE