

Applications must be postmarked by April 6th, 2018 to be considered on-time.

(Late applications will only be considered if there are additional funds once the initial awards have been made.)

District 23 Senatorial Scholarship Application

Please complete this questionnaire. You may save data typed into this form and print it. If you choose to handwrite your responses, please be sure it is legible.

Mail completed questionnaire and an unofficial transcript of your grades to:

Senator Douglas J.J. Peters
James Senate Office Building
11 Bladen Street, Room 120
Annapolis, Maryland 21401

Applications will not be accepted via fax

PLEASE NOTE THAT IN ORDER TO QUALIFY FOR A SENATORIAL SCHOLARSHIP YOU MUST HAVE FILED A FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) **AND** LIVE WITHIN THE 23RD LEGISLATIVE DISTRICT.

BEFORE APPLYING PLEASE VISIT www.mdelect.net AND ENTER YOUR PERMANENT HOME ADDRESS TO VIEW YOUR LEGISLATORS. THIS WILL ENSURE YOU ARE APPLYING TO THE CORRECT OFFICE. SENATORS ARE ONLY ABLE TO MAKE AWARDS TO STUDENTS LIVING WITHIN THEIR DISTRICTS.

(For more information please carefully read the scholarship information letter)

General Information

Name: _____
(Last) (First) (MI) (Maiden, if applicable)

Address: _____
(Street) (City) (Zip)

(Please use your permanent home address, not a school address)

Email: _____
(We will use this address to confirm application receipt – please be sure it is legible)

Home Phone: _____ Cell: _____

Date of Birth: _____ Sex: Male _____ Female _____

Last 4 digits only of your social security number _____
(We use this information to identify you in the Higher Education Commission's data base)

Status: (Please circle) Single Dependent Married Divorced

Single Independent (If under age 24, parents must be Maryland residents)

This must be the same status as is indicated on your FAFSA

If Single Dependent:

Mother/Guardian's full name _____

Mother/Guardian's email _____

Father/Guardian's full name _____

Father/Guardian's email _____

School Information

Current High School (if applicable): _____

If currently in High School overall GPA: _____ SAT Scores: Verbal _____ Math _____

Name of school/location you plan to attend/apply to in 2018-2019. Also please note if you have been accepted or are waiting for acceptance.

Are you currently attending College/Trade School? Yes/ No

Name of College/Trade School and location currently attending (if applicable): _____

(I.e., University of Maryland, Baltimore County or Prince George's Community College, Largo campus)

If so, year in school _____

Overall Undergraduate/Graduate GPA: _____ Total Credits Earned: _____

(Please note that if you are already receiving a Senatorial Scholarship you should not reapply – your award will automatically renew)

My high school or college transcript is attached _____

My transcript will be mailed directly from the school _____

(unofficial transcripts are acceptable)

(Please remember you must be attending a Maryland Institution, or have been approved for unique major status if attending an out of state institution in order to qualify for a scholarship. For more information please carefully read the scholarship information letter)

Will you attend college/trade school full time or part time? _____

of Credit Hours _____

What degree and major are you/will you pursue? _____

Briefly summarize your objective in attending college/trade school:

Extracurricular and Community Service

Please list clubs, sports, interests, activities and community involvement:

List any academic honors and/or leadership positions held:

Financial Information

*This section MUST be completed – incomplete applications will not be processed.
(Please use amounts listed on the FAFSA to answer the financial questions – these responses must match those given on the FAFSA.)*

Are you currently employed? Yes ____ No ____ Full time: ____ Part time: ____ Income: _____

Name of Employer: _____

Do you intend to work during the upcoming college year? _____ # of Hours/Week ____

Total Household Income: _____

(If your status is dependent you must include your parent/guardian income)

If applicable:

Spouse's Occupation: _____ Annual Income _____

If dependent:

Mother/ Guardian's Occupation: _____
Annual Income_____

Father/Guardian's Occupation _____
Annual Income_____

List other financial aid that you have you applied for, its duration and if it has been awarded: _____

Please list other members of your household by name, age and relationship that are dependent on the same household income as you. Also, please indicate if they are currently in school and what school they attend._____

Please describe any special circumstances which create a need for financial assistance:

I certify that the information in this scholarship application is true to the best of my knowledge. I have attached all required documentation and certify that this application package is complete and legible for the purposes of duplication and evaluation by the scholarship selection committee.

Signature: _____ Date: _____

If you need more room to answer, please attach additional pages.
Please note that failure to provide all necessary information with your application will result in a delay and possible disqualification.

Questions? Please call our office at 301-858-3631

Please keep a copy of the entire application for your records.