

CHARLES E. SYDNOR III, ESQ.
Legislative District 44B
Baltimore County

Judiciary Committee

Subcommittees
Civil Law and Procedure
Criminal Justice

Parliamentarian
Maryland Legislative Black Caucus



The Maryland House of Delegates
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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

2019 Scholarship Application

Dear Applicant:

Thank you for your interest in the Maryland Delegate Scholarship Program. Eligible applicants must:

1. Be current high school seniors, or full-time or part-time, degree-seeking undergraduate, or graduate students;
2. be a current resident of Legislative District 44B;
3. file an application for Federal Student Aid (FAFSA) no later than **March 1, 2019**;
4. apply for admission to a Maryland college, university or other accredited postsecondary educational program as a full-time or part-time student taking at least 6 credits. You may use this scholarship at an out-of-state school if your major is not available at **any** Maryland institution; and
5. enroll at a two-year or four-year Maryland college or university as a fulltime (12+ credits per semester) or part-time (6-11 credits per semester), degree-seeking undergraduate or graduate student, or attend certain private career schools.

Your scholarship application packet **must** contain the following items and **must** be sent to me by U.S. mail and postmarked by, **April 15, 2019** (no faxes or emails will be accepted):

- A. a completed application;
- B. a personal narrative of at least 600 words (not more than 1,000) discussing the following topic:

Describe and provide the rationale for a piece of legislation that you would introduce as a legislator in the Maryland General Assembly to improve your community?

- C. Three letters of recommendation from teachers, counselors, job supervisors or mentors (**no family members or personal friends**). The individuals must have personally interacted with you through supervision, instruction, guidance, and/or some important aspect of your life. Each reference should be able to vouch for your character, abilities, and/or activities. Each reference should include their contact information including best telephone number, if it is not indicated in the letterhead. At least one recommendation must be from an academic official such as a school leader, teacher, advisor, or counselors;
- D. an official transcript (**SEALED**) from your former or current school, to include your most recent grades, or an official copy of your GED certificate;
- E. a copy of your SAT scores if you plan to enroll as a college freshman, or if your transcript shows **fewer** than 24 college credits;
- F. a document that shows you have applied for FAFSA by March 1st; and
- G. (if relevant to you) a copy of your Application for Unique Majors if your major is not available at **any** Maryland institution and you plan to use this scholarship at an out-of-state school.

Please write the word scholarship on the outside of the envelope and mail this completed application along with all other abovementioned items to the address provided at the top of this application.

DELEGATE CHARLES E. SYDNOR III 2019 DISTRICT 44B SCHOLARSHIP APPLICATION

PERSONAL DATA:

Name: Mr. / Ms. _____
Street address: _____
City/State/Zip code: _____
Email address: _____
Telephone: (home) _____ (cell) _____
Date of birth: _____ Are you registered to vote?: yes or no

If supported by parent(s)/guardian(s) please complete this section with their information

Father's name: _____
Street address: _____
City/State/Zip code: _____
Email address: _____
Telephone: (home) _____ (cell) _____

Mother's Name: _____
Street address: _____
City/State/Zip code: _____
Email address: _____
Telephone: (home) _____ (cell) _____

EDUCATION:

If you are graduating from high school and plan to pursue an undergraduate degree, please provide the following:

High school: _____
Address: _____
Date of graduation: _____ Cumulative grade point average: _____
College or university you intend to attend: _____
Major you intend to pursue as an undergraduate: _____

If you are a college student pursuing an undergraduate degree please provide the following:

Name of college/university: _____
Address: _____
Expected date of graduation: _____ Cumulative grade point average: _____
Major: _____

If you are pursuing an undergraduate or graduate, student pursuing a graduate or professional degree please provide the following:

Name of college/university _____
Address: _____
Expected date of graduation: _____ Cumulative grade point average: _____

Mail to:

Delegate Charles E. Sydnor III
Attn: Scholarship Committee

6 Bladen Street · Room 306 · Lowe House Office Building · Annapolis, MD 21401

If undergraduate, major: _____
Graduate/professional school you attend or intend to attend: _____
Major pursuing or intending to pursue in graduate/professional school: _____

ADDITIONAL INFORMATION:

Please attach documents, awards, and letters, no more than three (3) years old related to the following questions.

1. List any awards and/or recognitions, the organization recognizing you, and date you received your award and/or recognition.

Organization: _____
Name and Purpose of the award: _____

Month, Year Awarded: _____

Organization: _____
Name and Purpose of the award: _____

Month, Year awarded: _____

Organization: _____
Name and purpose of the award: _____

Month, Year awarded: _____

2. Please list your clubs, sport teams, or honor societies, office held, if any, and other relevant information, current and not more than three (3) years prior to 2019, regarding your participation.

Organization: _____
Office: _____
Dates of participation: _____

Organization: _____
Office: _____
Dates of participation: _____

Organization: _____
Office: _____
Dates of participation: _____

3. Please list any community, or organizational memberships, including offices held within the last three (3) years.

Organization: _____

Mail to:
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Office: _____

Dates of participation: _____

Organization: _____

Office: _____

Dates of participation: _____

Organization: _____

Office: _____

Dates of participation: _____

4. Please list your volunteer experience and basic responsibilities, if any, current and/or in the past three years.

Company/ Organization: _____

Date of service: _____

Contact person : _____ Telephone number: _____

Responsibilities: _____

Company/ Organization: _____

Date of service: _____

Contact person : _____ Telephone number: _____

Responsibilities: _____

5. Please list your most recent paid job experience and basic responsibilities.

Company/ Organization: _____

Date of employment: _____

Contact person : _____ Telephone number: _____

Responsibilities: _____

Company/ Organization: _____

Date of employment: _____

Contact person : _____ Telephone number: _____

Responsibilities: _____

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