



House of Delegates Scholarship Application
DELEGATE SUSAN W. KREBS

Annapolis Office Phone: (410) 841-3200

Please complete the following form and return to Legislative Scholarship Committee, c/o Delegate Susan W. Krebs, at:
 6 Bladen Street, Room 311, Annapolis MD 21401 **DEADLINE FOR POSTMARK: March 27th, 2020**
Only graduating high school seniors who live in District 5 are eligible for this scholarship

Name _____ Sex _____

Email _____

Social Security Number _____ - _____ - _____ Date of Birth _____ Phone _____

Home Address _____

City _____ Zip _____

Father (or Guardian) _____ Mother (or Guardian) _____

Father's (Guardian's) Occupation and Employer _____

Mother's (Guardian's) Occupation and Employer _____

Do your parents have any additional dependents? Yes _____ No _____ If yes, how many? _____

College Plans Full-time? _____ Part-time? _____

School You Will Attend _____

Scholarship recipients must attend a higher education facility inside Maryland.

City and State of College _____ Major _____

Name of High School _____ Year Graduating _____

PLEASE ENCLOSE THE FOLLOWING:

- **OFFICIAL HIGH SCHOOL TRANSCRIPT THAT INCLUDES GRADES (both weighted and un-weighted)**
- **SAT/ACT SCORES, CLASS RANK (weighted and un-weighted) and ATTENDANCE.**
- **SHORT ESSAY (one-page maximum) EXPLAINING YOUR CAREER GOALS, WHY YOU SHOULD RECEIVE A SCHOLARSHIP AND ANY SPECIAL CIRCUMSTANCES OR NEEDS.**

CERTIFICATION: All information on this form is true and complete to the best of my knowledge. **APPLICATION CANNOT BE CONSIDERED UNLESS SOCIAL SECURITY NUMBER IS PROVIDED.**

STUDENT SIGNATURE

DATE

MOTHER SIGNATURE

DATE

FATHER SIGNATURE

DATE