

**MARYLAND DELEGATE SCHOLARSHIP APPLICATION**  
**DELEGATE APRIL ROSE**  
**DISTRICT 5 – CARROLL COUNTY, 2020-2021**

**I. PERSONAL INFORMATION**

1. Name \_\_\_\_\_  
(Last) (First) (Middle)
2. Home Address \_\_\_\_\_  
\_\_\_\_\_
3. Date of Birth \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_
4. Telephone No. \_\_\_\_\_ Social Security # \_\_\_\_\_
5. E-mail address \_\_\_\_\_

**II. FAMILY INFORMATION**

1. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_
2. Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_
3. Number of children in family \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_
4. Number of brothers and sisters in college \_\_\_\_\_
5. Could you attend college without a scholarship? \_\_\_\_\_

**III. COLLEGE EDUCATIONAL INFORMATION**

1. I would like to be considered for a House of Delegate Scholarship to

\_\_\_\_\_  
(Name and Location of Institution)

- a. Student Status (please circle):

Enrolled      Been Accepted      Awaiting Acceptance

- b. Last year of college completed \_\_\_\_\_  
(i.e. Freshman, Sophomore, Junior or Senior)

### **III. COLLEGE EDUCATIONAL INFORMATION (CON'T)**

2. I will be attending \_\_\_\_\_ full time (12+ credits); \_\_\_\_\_ part-time (6-11 credits)
3. I will be taking \_\_\_\_\_ number of credits per semester.
4. Which type of degree are you pursuing? (please circle)  
     Associate Degree      Bachelor's Degree      Graduate Degree
6. In what area(s) of study will you be majoring? \_\_\_\_\_
7. What is your intended occupational field? \_\_\_\_\_

### **IV. HIGH SCHOOL EDUCATIONAL EXPERIENCE**

1. High School and year from which you will/did graduate \_\_\_\_\_
2. Have you attended any other senior high school? \_\_\_\_\_  
     If yes, which school(s?) \_\_\_\_\_

### **V. ADDITIONAL ACTIVITIES**

1. If you are a high school senior in which extra-curricular school or community activities have you participated?
  - a.
  - b.
  - c.
  - d.
2. If you are in college, name the clubs, societies or associations, social or academic of which you have been a member. Offices held?
  - a.
  - b.
  - c.
  - d.

### **V. ADDITION ACTIVITIES (CON'T)**

3. Do you volunteer? \_\_\_\_\_ If so, what kind of activities and with which organizations? Please list all or attach summary.
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**VI. FINANCIAL AID INFORMATION**

1. Approximate amount of financial aid you expect from:

Family \_\_\_\_\_ Your own savings \_\_\_\_\_ Scholarships \_\_\_\_\_

2. Do you expect to hold a part-time job during the 2019-2020 academic year?

3. Do you expect to be employed during the summer? \_\_\_\_\_

4. Are you presently employed, during, or after school? \_\_\_\_\_

If yes, give a short resume of duties, hours and salary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are you applying for a scholarship with District's 5's Delegates in the district? If so, Please name which Delegates; \_\_\_\_\_

**VII. GRADE POINT AVERAGE (GPA)**

**Please submit your most recent unofficial transcript.**

1. Overall GPA \_\_\_\_\_

**FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) IS REQUIRED FOR ALL SCHOLARSHIPS. IF YOU FILE THE FAFSA AFTER MARCH 1, 2018, PLEASE SUBMIT A COPY OF YOUR 2020—2021 STUDENT AID REPORT (SAR).**

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Your application must be postmarked no later than May 1, 2020.**

**Please send the application to:**

**Delegate April Rose**

**Attention: Suzanne White**

**6 Bladen Street, House Office Building, Room 320**

**Annapolis, MD 21401**

**Please email april.rose@house.state.md.us with questions.**

**\*\*\*Please note, this is a non-renewable scholarship. If you are awarded funds for the 2020-2021 year, you are not guaranteed the same funds the following year. You must reapply for Delegate Rose's scholarship every academic year you wish to be eligible to receive funds.**