Maryland House of Delegates Scholarship Application

Delegate David E. Vogt, III

4th Legislative District, Frederick and Carroll Counties

I. Basic Information (Please p	print):			
Are you a new applicant to the	e Maryland House of Delega	ites Scholarship	Program? □ Yes □	No
Level of education you are pu				
Title: First Name:	Middle Initial: _	Last Name:	-	
Home Address:				
City:	State	e:	Zip:	
Home Phone:	Date of Birt	h:		Cell
Phone:	Social Security 1	Number:		
Email Address:				
II. High School:				
In the spaces provided below,	please print the name of the	high school wh	hich you are currenti	ly
attending or most recently atte		O	·	
Name of Institution:				
Address:				
City:	State:		Zip:	
Phone Number:				
GPA (Unadjusted):	_ GPA (Adjusted):	Class Rank:		
III. College: In the spaces provided below, attending or have attended sta is necessary. ~ Please skip thi Name of Institution:	arting with the most recent. As section if you have not yet	An official trans attended colleg	script from each insti ee.*	•
Address:				
City:	State:			
Phone number:	Year(s) Attended:			
Degree Sought:	Number of Credits Completed:			
GPA:				
*If there are any other school	s/universities, please list on	separate sheet	of paper.	
IV. Scholastic Information				
SAT Scores: Verbal		Oate Taken:		
List any academic awards/hor				
Date Award/Honor Description	on, if necessary			

V. Extra-curricular Activities
List any extra-curricular activities in which you have participated (e.g. sports, theater, etc.).
Year Activity Role (if any)
Additional activities and awards may be listed on a separate sheet of paper.
VI. Planned Use of Scholarship:
I am a legal resident of Maryland and would like to be considered for the
Maryland House of Delegates Scholarship to:
(Must be a college/university within the State of Maryland. Exceptions may apply for majors not offered in this State.)
Please complete the following section based on the period in which you will be entering your
college/university of choice.
Semester/Year: Level: □ Freshman □ Sophomore □ Junior □ Senior
Field(s) of Interest:
VII. Financial Need:
a. Please provide the name of each resident in your household along with their occupation and relationship to you.
Name Relationship Occupation
b. Household Annual Income = \$
c. Please list any jobs (full/part-time) you have held during the past three years.
Time Frame Employer Position Held
d. If applicable, please explain any financial burdens on you or your family at this time that may help us in determining your financial need for the Maryland House of Delegates scholarship.
e. Please list other applications you have made for financial assistance and the responses received to
date.
f. Diago list any other financial assistance you will be receiving
f. Please list any other financial assistance you will be receiving.
VIII. Other Information Please include any comments or additional information which will help the Scholarship Committee in its consideration of your application.

IX. To help us identify the best candidates for information with your application. □ In 500 words, define American Exceptional to you.	this scholarship, please include the following lism and explain what American Exceptionalism means
•	of recommendation from one of the following: teacher, spected community leader.
•	on as stated in the preceding application and have ation for the Maryland House of Delegates Scholarship
Signature The information provided is only for the use of the Scholarship Committee in	Daten consideration of your application. All information will be kept confidential.

Deadline for Submission: May 1st, 2017