

2015-2016 SENATORIAL SCHOLARSHIP APPLICATION

To be considered for a Senatorial Scholarship, you must personally complete all applicable sections of this application and return it to Senator Hough's office. Your application **must** be postmarked no later than **Monday, June 15, 2015**. Incomplete applications, or those received after **June 15, 2015 will NOT be considered**.

Date: _____

_____ M ____ F ____ Phone: _____
Name of Applicant

_____ City or Town, Zip
Home Address

_____ Date of Birth E-Mail
Social Security #

I am a legal resident of the 4th Legislative District of Frederick or Carroll County and would like to be considered for a Senatorial Scholarship to:

_____ College and Campus

I have been accepted to the stated college/university: yes _____ no _____ **(If so, proof of acceptance must be included).**

My major/intended major is _____ and my year in college **will be** a _____ (freshman, sophomore, junior, senior, graduate).

Enrollment status: full-time _____ part-time _____

I graduated/will graduate from _____ High School on _____

ACT or SAT Scores: Reading _____ Writing _____ Math _____ Date taken: _____

Current college and high school students **must** include a transcript. Those returning to college **and** graduated before 1990 do not have to include a transcript.

What Academic Honors have you received? If your school does not offer Academic Honors, please indicate.

What Non-Academic Honors have you received? _____

List all extra-curricular activities (including school, church, community and service activities) in addition to elected positions and years held.

In the past three years, what were/are your places of employment?

(Include full/part-time and summer jobs). _____

Have you applied for Financial Aid elsewhere? _____

If so, where? _____

Do you currently receive Financial Assistance? _____

If so, from whom? _____

Have you been offered or received an Educational Assistance Grant? _____

If so, how much? _____

Why do you need Financial Assistance? Please include any additional information or extenuating circumstances that would help in the consideration of your application.

Are there any circumstances that have changed since you filed your FAFSA (loss of job, change in income, unusual medical bills, disability, separated or divorced parents, etc.)?

List dependent children in immediate family and their ages.

List name of college, name of student in college/university and year in school:

Name	College	Year
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Name	College	Year
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Mother's name, address, occupation and place of employment:

Father's name, address, occupation and placement of employment:

I CERTIFY THE ABOVE IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT INCOMPLETE INFORMATION OR FAILURE TO ENCLOSE THE APPLICABLE REQUESTED INFORMATION WILL VOID MY APPLICATION.

Applicant's Signature

Date

Please note: Should you need additional space, please feel free to include a personal letter.