

MICHAEL J. HOUGH  
Legislative District 4  
Frederick and Carroll Counties

Judicial Proceedings Committee



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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

Dear applicant,

Thank you for contacting my office regarding the Maryland Senatorial Scholarship Program.

Many constituents apply for this scholarship each year. You must be a legal resident of District 4 to be considered for a scholarship from my office. To check your residence, please visit: <http://mdelect.net/> and enter your address. If you have any questions concerning residency, please contact my office right away.

To compete for a scholarship in my office, you will be required to complete the application provided in the packet. Your application must be postmarked by the **May 1st** deadline. All application materials will be accepted prior to this deadline, and your file can be updated until the deadline. Preference will be given to students who exhibit substantial need and superior academic accomplishment.

Your application must be postmarked by our deadline of **May 1, 2018**. There are a great number of steps required to ensure that scholarships are awarded timely. Consequently, I need your complete cooperation in providing all the information requested and returning it to my office by the deadline. Do not include materials other than those listed on the Scholarship Checklist and explicitly required in the application.

Please submit a typed, or neatly handwritten application. It is your responsibility to return all of the required information to my district office, postmarked by **Tuesday, May 1, 2018**.

All applications must be mailed to:  
Senator Michael J. Hough  
3510 Worthington Blvd., Ste. 301  
Frederick, MD 21704

If you have any questions, please do not hesitate to email me at [Michael.Hough@senate.state.md.us](mailto:Michael.Hough@senate.state.md.us) or call my office at 410-841-3704.

Sincerely,

A handwritten signature in blue ink that reads "Michael Hough".

Senator Michael J. Hough  
Frederick and Carroll Counties

## SENATORIAL SCHOLARSHIP CHECKLIST

- I have completed the 2018-2019 Senatorial Scholarship Application form.
- I have completed my FAFSA form before **March 1, 2018**.
- I have a minimum cumulative unweighted **3.2 GPA**.
- I have included copies of transcripts/requested that transcripts be sent.
- I have included my ACT/GRE/SAT scores
- I have included my letter of acceptance to the college of my choice.
- If attending an out-of-state college: I have applied for a unique major exception with MHEC.**

# 2018-2019 SENATORIAL SCHOLARSHIP APPLICATION

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

\_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Phone: \_\_\_\_\_

Name of Applicant

\_\_\_\_\_

Home Address

\_\_\_\_\_

City or Town, Zip

\_\_\_\_\_

Last 4 digits of SSN

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

E-Mail

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/GRE/SAT Scores: Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_ Date: \_\_\_\_\_

\*If you do not have these test scores, please explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current college and high school students **must** include transcripts from **both** high school and any college previously attended. Those returning to college **and** graduated before 2000 do not have to include a high school transcript.



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

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What Non-Academic Honors have you received?

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

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In the past three years, what were/are your places of employment, including full/part-time and summer jobs? Please indicate dates of employment and hours worked per week.

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Have you applied for Financial Aid elsewhere? \_\_\_\_\_

If so, where?

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Do you currently receive Financial Assistance? \_\_\_\_\_

If so, from whom? \_\_\_\_\_

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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.

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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.)?

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List dependent children in immediate family and their ages.

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

Name	College	Year
Name	College	Year
Name	College	Year

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

\_\_\_\_\_  
Name of Mother Occupation

\_\_\_\_\_  
Home Address City, State Zip

\_\_\_\_\_  
Name of Employer Address of Employer

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

\_\_\_\_\_  
Name of Father Occupation

\_\_\_\_\_  
Home Address City, State Zip

\_\_\_\_\_  
Name of Employer Address of Employer

**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.