

# *Maryland House of Delegates Scholarship Application*

## *Delegate Neil C. Parrott – District 2A*

### *2018-2019 Academic Year*

For this merit-based scholarship program, applications are accepted only from students with a minimum 2.5 GPA who have graduated from high school and plan to enroll or are enrolled in a Maryland undergraduate college program. Exceptions for out of state colleges are allowed for students enrolled in a unique major.

## **Part I – Applicant Information**

### **1. Basic Information** *(Please Print):*

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

*Needed for tax purposes*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Are you a current resident of Legislative District 2A? Yes \_\_\_\_ No \_\_\_\_

(Please note only residents of District 2A are eligible for this scholarship. To find out your legislative district, go to the website, <http://mdelect.net/>, and type your physical, home address into the search field and click on "Find." All of your elected officials will appear on the left side of the page.)

### **2. Education:** *Please print the name of the school/university you are currently attending or most recently attended.*

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year(s) Attended: \_\_\_\_\_

GPA: \_\_\_\_\_ Number of Credits Completed: \_\_\_\_\_

### **3. Additional Information:** *(Please print)*

School Activities: \_\_\_\_\_

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Community Activities: \_\_\_\_\_

\_\_\_\_\_

Honors, Awards, Etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Paid Work Experience: \_\_\_\_\_

\_\_\_\_\_

**4. Specific Information:**

I am a United States citizen and a legal resident of Maryland and would like to be considered for a Maryland House of Delegates Scholarship to:

\_\_\_\_\_

*(Must be a college/university within the State of Maryland. Exceptions only for majors not offered in this State.)*

Major/Field of Study: \_\_\_\_\_

Level of undergraduate education you are pursuing?

Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_\_

Are you a new applicant to the Maryland House of Delegates Scholarship Program? \_\_\_\_

Do you currently have any scholarships? \_\_\_\_ *If Yes, please list scholarship amount:* \_\_\_\_\_

\_\_\_\_\_

What is the approximate yearly cost of your education?

Tuition: \$ \_\_\_\_\_ Books/Fees: \$ \_\_\_\_\_

Room/Board: \$ \_\_\_\_\_ Other Expenses: \$ \_\_\_\_\_

Additional comments or information that will help the Scholarship Committee in their consideration of your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 5. Additional Requirements:

To help us identify the best candidates for this scholarship, please include the following information with your application:

- 1) Phone numbers and addresses of two references.
- 2) Copy of Academic Transcript(s).

## Part II – Applicant’s Essay

- 3) Essay:

Please see the next page for details on the essay assignment.

I have enclosed all of the necessary information as stated in this application. With my signature, I attest that the information stated in this application is true and correct to the best of my knowledge, and that my essay was self-written and not plagiarized. I also attest that I am a legal resident of the State of Maryland, Legislative District 2A.

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Signature of Student Applicant      Date

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Signature of Parent/Guardian (*if applicable*)      Date

**Applications must be postmarked on or before June 27<sup>th</sup>, 2018, and mailed to the following address:**

Delegate Neil C. Parrott, P.E.  
P.O. Box 32  
Funkstown, MD 21734  
301-660-4263

**Scholarship decisions will be mailed to all applicants on or before July 27<sup>th</sup>, 2018.**

*The information provided is only for the use of the Scholarship Committee and Delegate Neil Parrott. All information will be kept confidential.*