



House of Delegates Scholarship Application  
**DELEGATE SUSAN W. KREBS**



Annapolis Office Phone: (410) 841-3200

Please complete the following form and return to Legislative Scholarship Committee, c/o Delegate Susan W. Krebs, at:  
 6 Bladen Street, Room 324, Annapolis MD 21401 **DEADLINE FOR RECEIPT: APRIL 30**

**SECTION I**  
**PERSONAL INFORMATION**

Name \_\_\_\_\_ Sex \_\_\_\_\_  
 Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Father (or Guardian) \_\_\_\_\_ Mother (or Guardian) \_\_\_\_\_  
 Father's (Guardian's) Occupation and Employer \_\_\_\_\_  
 \_\_\_\_\_  
 Mother's (Guardian's) Occupation and Employer \_\_\_\_\_  
 \_\_\_\_\_  
 Do your parents have any additional dependents? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_  
 College Plans Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_

**SECTION II**  
**ACADEMIC INFORMATION**

School You Will Attend \_\_\_\_\_  
**Scholarship recipients must attend a higher education facility inside Maryland unless the Maryland Higher Education Commission approves them for a unique major. MHEC approval letter must accompany this application.**  
 City and State of College \_\_\_\_\_ Major \_\_\_\_\_  
 Name of High School \_\_\_\_\_ Year Graduating \_\_\_\_\_  
**Only graduating high school seniors who live in District 9B are eligible for this scholarship.**

**PLEASE ENCLOSE THE FOLLOWING:**

- **OFFICIAL SEALED HIGH SCHOOL TRANSCRIPT THAT INCLUDES GRADES (both weighted and un-weighted), SAT/ACT SCORES, CLASS RANK (weighted and un-weighted) and ATTENDANCE.**
- **SHORT LETTER (one-page maximum) EXPLAINING YOUR CAREER GOALS, WHY YOU SHOULD RECEIVE A SCHOLARSHIP AND ANY SPECIAL CIRCUMSTANCES OR NEEDS.**
- **STUDENT EXCELLENCE PROFILE (PAGE 2 OF APPLICATION).**

**CERTIFICATION:** All information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the above information. I realize this proof may include a copy of U.S., state or local income tax returns. I agree that if I do not furnish proof of the above information upon request, student aid may not be received.

\_\_\_\_\_  
 STUDENT SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 MOTHER SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 FATHER SIGNATURE

\_\_\_\_\_  
 DATE



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*Please complete the following **Student Excellence Profile***

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SECTION I

EXTRA-  
CURRICULAR  
SCHOOL  
ACTIVITIES

SECTION II

LEADERSHIP  
EXPERIENCE,  
e.g., Eagle or  
Gold Scout,  
Student Body  
Officer, etc.

SECTION III

COMMUNITY  
SERVICE

SECTION IV

EMPLOYMENT