

DELEGATE ANNE HEALEY  
LEGISLATIVE DISTRICT 22  
SCHOLARSHIP APPLICATION

**\*\*\*\*ALL APPLICANTS MUST BE RESIDENTS OF LEGISLATIVE DISTRICT 22\*\*\*\***  
**(Please verify at General Assembly website (mgaleg.maryland.gov))**

1. PERSONAL INFORMATION

NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(Social Security # Required by the Higher Education Commission)

ADDRESS\* \_\_\_\_\_

email address \_\_\_\_\_

(\* Address where you are registered as a voter or as shown on driver's license)

Single \_\_\_\_\_ Married \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

How many years have you lived at your current address? \_\_\_\_\_

I would like to be considered for this scholarship to attend: \_\_\_\_\_

*Name of College/University/Trade School\*\**

**\*\* Must be a Maryland institution unless major is not offered in Maryland**

2. ACADEMIC HISTORY

To date I have completed \_\_\_\_\_

*Level of Education*

I received my GED, graduated or will graduate \_\_\_\_\_

*Date*

From \_\_\_\_\_

*High School/College*

I currently attend \_\_\_\_\_

*Name of College/University/Trade School*

I will attend  full-time

part-time. If part-time, \_\_\_\_\_ credit hours per semester

Cumulative Grade Point Average \_\_\_\_\_

*College High School*

I took the SAT on \_\_\_\_\_, Scores \_\_\_\_\_

*Date*

*Reading*

*Math*

*Writing*

3. COMMUNITY INVOLVEMENT

List any volunteer, civic, community service or extracurricular activities in which you participate:

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4. FINANCIAL INFORMATION

Please describe other financial resources that you expect to receive: \_\_\_\_\_

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Total family income \$ \_\_\_\_\_

Any special financial circumstances to be considered \_\_\_\_\_

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5. Please attach a statement of not more than 300 words stating your reasons for wanting to attend college, university or trade school; your field(s) of interest; post-education plans; and your need for financial assistance.

6. Please arrange for a letter of reference to be sent to the Annapolis address. It may be written by a teacher, an employer, or any individual who may have knowledge of your work/school experience or achievement.

I verify that I am a resident of Legislative District 22 and that the above information is accurate.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*