



House of Delegates Scholarship Application

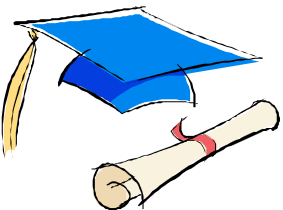
DELEGATE DONNA STIFLER

Annapolis Office Phone: (410) 841-3289

<i>Please complete the following form and return to Delegate Donna Stifler at: 326 Lowe House Office Building, Annapolis, MD 21401-1991 by April 1, 2008</i>		Check box if this is a renewal application <input type="checkbox"/>		
SECTION I PERSONAL INFORMATION	NAME OF APPLICATION (Please print or type legibly) (L) _____ (F) _____ (M) _____		SEX M _____ F _____	
	SOCIAL SECURITY NUMBER --- ---	DATE OF BIRTH	PHONE () --	
	HOME ADDRESS		CITY	ZIP CODE
	FATHER (OR GUARDIAN) NAME		MOTHER (OR GUARDIAN) NAME	
	FATHER (OR GUARDIAN) OCCUPATION AND EMPLOYER		MOTHER (OR GUARDIAN) OCCUPATION AND EMPLOYER	
	YOUR MARITAL STATUS ___Married ___Divorced ___Single		COLLEGE ATTENDANCE PLANS ___Full-time Student ___Part-time Student ___Undergraduate ___Graduate	
	DO YOU HAVE ANY DEPENDENTS? YES _____ NO _____ IF YES, HOW MANY? _____			
SECTION II APPLICATION HISTORY	HAVE YOU RECEIVED A DELEGATION SCHOLASHIP FROM MY OFFICE BEFORE? YES _____ NO _____		IF YES, WHEN AND FOR WHAT AMOUNT? YEAR _____ AMOUNT _____	
	NAME OF SCHOOL YOU WILL ATTEND		CITY & STATE OF SCHOOL	
SECTION III ACADEMIC INFORMATION	NAME OF HIGH SCHOOL		YEAR GRADUATED	
	CURRENT G.P.A	EXTRACURRICULAR ACTIVITIES, COMMUNITY SERVICE, AND EMPLOYMENT (Use back of application form if needed)		
	TOTAL SAT SCORE	CAREER GOALS:		

PLEASE ENCLOSE A 300-400 WORD ESSAY EXPLAINING HOW THIS SCHOLARSHIP WILL HELP YOU ACHIEVE YOUR GOALS, AN OFFICIAL TRANSCRIPT OF GRADES, ONE (1) ACADEMIC LETTER OF REFERENCE AND ANY OTHER HELPFUL INFORMATION.

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 my 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

PARENT OR SPOUSE SIGNATURE