

**MARYLAND HOUSE OF DELEGATES
SCHOLARSHIP APPLICATION 2017-2018**

**Delegate Ariana Kelly
Legislative Scholarship Program
House Office Building, Room 210
6 Bladen Street
Annapolis, MD 21401
Tel: 301-858-3642**

Student's Name: _____

Home Address: _____

Social Security #: _____

Date of Birth: _____

Email address: _____

Home Phone: _____

Cell Phone: _____

___ I am a legal resident of the State of Maryland and 16th Legislative District, and would like to be considered for a House of Delegates Scholarship to attend: _____

(Please include name and address of the college or university you will be attending. To be eligible for a scholarship you must attend a Maryland institution unless you are pursuing a "unique major" recognized by Maryland Higher Education Commission. For more information, please see the "unique major" link on MHEC's website: <http://www.mhec.state.md.us>)

I have graduated or will graduate from _____ high school in the _____ school year.

My most recent Grade Point Average (GPA) is: _____

I took the SAT or ACT exam on _____ (Date, or N/A if more than 5 years old)

Verbal Score: _____ Math Score: _____ Written Score: _____

Choose One:

___ I have been accepted at: _____

___ I am currently attending: _____

I will be attending school: ___ Full-time ___ Part-time

List any scholarships, grants, or other forms of financial aid that you have applied for, or know that you have been awarded:

List any awards, honors, or academic or athletic accomplishments received. Also list any volunteer work:

Please enclose all the following and mail or email to:

**Office of Delegate Ariana Kelly
House Office Building
Room 210
Annapolis, MD 21401**

Ariana.Kelly@house.state.md.us

- ___ A copy of your letter of acceptance (if you will be an incoming freshman in the fall)
- ___ A copy of your transcript including your most recent grades (does not need to be official)
- ___ A copy of SAT/ACT/AP scores (if they are not indicated on your transcript)
- ___ A 1-page essay stating why you deserve the scholarship – *please include any special circumstances that impact your ability to pay for school.*
- ___ Completed Application Form

I certify that the above information is true and correct, and that if awarded a scholarship, I will notify Delegate Kelly of any changes in my student status.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

**Please Note: Any application that is sent in without all the required documentation will not be considered for a legislative scholarship.*

Deadline: August 1, 2017