



2020-2021  
House of Delegates Scholarship Application  
**Delegate Teresa E. Reilly**  
Annapolis Office Phone: (410) 841-3278



\* Check box if this is a renewal application.

**Please complete the following form and return to Delegate Teresa E. Reilly at:**  
The Maryland House of Delegates, 6 Bladen Street, Room 203, Annapolis, MD 21401 by **April 1, 2020**

<b>SECTION I PERSONAL INFORMATION</b>	NAME OF APPLICANT (Please type or print legibly.)		SEX Female <input type="checkbox"/>
	Last	First	Male <input type="checkbox"/>
	SOCIAL SECURITY NUMBER		DATE OF BIRTH
	_____		TELEPHONE NUMBER (    ) - _____
	HOME ADDRESS		CITY
	EMAIL ADDRESS		ZIP CODE
	NAME OF FATHER (OR GUARDIAN)		NAME OF MOTHER (OR GUARDIAN)
	EMPLOYER OF FATHER (OR GUARDIAN)		EMPLOYER OF MOTHER (OR GUARDIAN)
YOUR MARITAL STATUS Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/>		COLLEGE ATTENDANCE PLANS	
DO YOU HAVE ANY DEPENDENTS? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Many? _____		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/>	
<b>SECTION II APPLICATION HISTORY</b>	HAVE YOU RECEIVED A HOUSE OF DELEGATES SCHOLARSHIP FROM MY OFFICE BEFORE? Yes <input type="checkbox"/> No <input type="checkbox"/>		IF YES, WHEN AND FOR WHAT AMOUNT? Year _____ Amount _____
	NAME OF SCHOOL YOU WILL ATTEND		CITY AND STATE OF SCHOOL
<b>SECTION III ACADEMIC INFORMATION</b>	NAME OF CURRENT SCHOOL		YEAR GRADUATED
	CURRENT G.P.A.	EXTRACURRICULAR ACTIVITIES, COMMUNITY SERVICE, AND EMPLOYMENT (Use back of application form if needed.)	
	TOTAL S.A.T. SCORE		
	CAREER GOALS		

**FIRST TIME APPLICANTS:** Please enclose a 300-400 word essay explaining how this scholarship will help you achieve your goals, an official transcript of your grades, one (1) academic letter of recommendation, and any other helpful information.

\* If this is a **RENEWAL**, please submit a **completed application form, current official transcript, and current letter of recommendation.** Any additional information is optional.

**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

\_\_\_\_\_  
PARENT OR SPOUSE SIGNATURE