



2024-2025

House of Delegates Scholarship Application

Delegate Teresa E. Reilly

Annapolis Office Phone: (410) 841-3278



MUST BE RENEWED ANNUALLY

* Check box if this is a renewal application. <input type="checkbox"/>
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Please complete the following form and return to Delegate Teresa E. Reilly at:
 The Maryland House of Delegates, 6 Bladen Street, Room 325, Annapolis, MD 21401 by April 15, 2024

SECTION I PERSONAL INFORMATION	NAME OF APPLICANT (Please type or print legibly.)		SEX	
	Last	First	M.I.	
	EMAIL ADDRESS		DATE OF BIRTH	TELEPHONE NUMBER () -
	HOME ADDRESS		CITY	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 Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	IF UNDERGRADUATE: CIRCLE YEAR OF ATTENDANCE 1 2 3 4
DO YOU HAVE ANY DEPENDENTS? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Many? _____		Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/>		
SECTION II APPLICATION HISTORY	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	
SECTION III ACADEMIC INFORMATION	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./A.C.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 on letterhead**, and any other helpful information.

* If this is a **RENEWAL**, please submit a **completed application form**, **current official transcript**, and **current letter of recommendation, either academic or business, on letterhead**. 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 _____