

JAMES N. MATHIAS, JR.
Legislative District 38
Somerset, Wicomico,
and Worcester Counties
Finance Committee



Annapolis Office
James Senate Office Building
11 Bladen Street, Room 216
Annapolis, Maryland 21401
410-841-3645 · 301-858-3645
800-492-7122 Ext. 3645
Fax: 410-841-3006 · 301-858-3006
James.Mathias@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

District Office
410-352-3096
Fax 410-352-3087

Senatorial Scholarship Application 2018-2019

A. PERSONAL INFORMATION (Please Print)

1. Name _____
Last First MI Social Security No.

2. Address: _____
(Permanent mailing address)

_____ City Zip Code Home Telephone

3. Date of Birth ____/____/____ 4. Cell Phone #: _____

Email address: _____

5. Do you live with your parents? Yes ___ No ___ If yes, how many children are dependent on your parents? _____ If no, give name and address of your parents:

6. Are you receiving veteran's benefits? Yes _____ No _____ Amount \$ _____

7. List your hobbies, outside interests and extracurricular activities:

B. EDUCATIONAL DATA

1. High school attended: _____
Name City/State

2. Graduation date: _____ Grade Point Average _____ Date of SAT/ACT: _____

3. List colleges you plan to attend, in order of choice. Please indicate any to which you have already been accepted:

4. If you are already attending college, please answer the following:

a. College presently attending:

b. Graduate ____ Undergraduate ____ Year and Semester _____

c. Part-time _____ Full-time _____

d. Major _____ Minor _____

e. Grade point average _____

C. FINANCIAL INFORMATION

1. 2017 personal earnings _____ Amount saved for college, if any _____

2018 expected earnings _____ Amount planned to save for college _____

Type of work _____

Place of employment _____

Have you received any other financial aid? Yes ___ No___ If yes, please explain:

Source of aid	Type of aid	Amount per year
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_____	_____	_____
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_____	_____	_____
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3. Gross family income:

_____ \$0 to \$15,000

_____ \$30,000 to \$45,000

_____ \$15,000 to \$30,000

_____ Over \$45,000

D. PERSONAL REASONS FOR SCHOLARSHIP (if necessary, please attach additional sheet)

1. Please elaborate on any extenuating circumstances which create a special need for financial assistance:

2. Would you please give us your personal feelings as to why you are deserving of a Scholarship:

Signature of applicant

Date

Signature of parent or guardian

Date

PLEASE RETURN APPLICATION TO:

11 Bladen Street, Room 216

Annapolis, MD 21401

410-841-3645

Fax: 410-841-3006