

Maryland Higher Education Commission  
State Scholarship Administration

**Delegate Haven N. Shoemaker, Jr.**



**APPLICATION FOR MARYLAND HOUSE OF DELEGATES SCHOLARSHIP  
for the 2020-2021 Academic Year**

**\*\*\*Student's home address must be within the borders of Legislative District 5\*\*\*  
\*\*\*Student must be planning to attend an institution of higher education in the State of Maryland\*\*\*  
\*\*\*Student must maintain an academic schedule of at least 6 credits\*\*\***

Please mail your completed application along with a copy of your latest **school transcript** and your **one page essay explaining your career goals and why you should receive a scholarship** to:

**Delegate Haven Shoemaker, Attention: Scholarship Committee  
c/o Molli Cole, Chair  
House Office Building, Room 320, 6 Bladen Street, Annapolis, MD 21401**

**THE APPLICATION MUST BE POSTMARKED NO LATER THAN MAY 1, 2020**

**PLEASE TYPE OR PRINT CLEARLY and FILL OUT APPLICATION COMPLETELY**

_____	_____	_____
Name of Student Applicant	Date of Birth	Male/Female
_____	_____	_____
Home Address	City	State Zip
_____	_____	_____
Mailing Address (if different from above)	City	State Zip
_____	(____)_____	(____)_____
Social Security Number	Home Phone Number	Cell Phone Number
_____	_____	_____
Email Address	_____	_____
_____	_____	_____
Applicant Place of Employment	_____	Position

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Name of Father/Guardian/Spouse	Place of Employment	Position
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Name of Mother/Guardian/Spouse	Place of Employment	Position
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Current GPA: \_\_\_\_\_

Community Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors, Awards, etc...: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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College or University You Plan to Attend: \_\_\_\_\_

Planned Field of Study: \_\_\_\_\_

Dates Planning to Attend: \_\_\_\_\_ Full Time / Part Time (circle one)

Have You Been Accepted? YES / NO (circle one)

For the 2020-2021 Academic year I will be a....

Freshman / Sophomore / Junior / Senior / Graduate Student (circle one)

Approximate Annual Cost of Education

Tuition: \$ \_\_\_\_\_

Room/Board: \$ \_\_\_\_\_

Books/Fees:       \$ \_\_\_\_\_

Other Expenses:   \$ \_\_\_\_\_

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With my signature, I attest that the information contained in this application is true and correct to the best of my knowledge. I also attest that I am a legal resident of the State of Maryland.

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Signature of the Student Applicant

Date

***\*\*\*IN ORDER TO BE CONSIDERED FOR A SCHOLARSHIP THE FOLLOWING INFORMATION  
MUST BE SUBMITTED BY THE DEADLINE OF MAY 1, 2020\*\*\****

***CHECKLIST   \_\_\_\_\_ Academic Transcript   \_\_\_\_\_ Essay   \_\_\_\_\_ Application***