



House of Delegates Scholarship Application

# DELEGATE SUSAN W. KREBS

Annapolis Office Phone: (410) 841-3200

Please complete the following form and return to Legislative Scholarship Committee, c/o Delegate Susan W. Krebs, at:  
6 Bladen Street, Room 203, Annapolis MD 21401 **DEADLINE FOR POSTMARK: March 31, 2021**

## SECTION I

### PERSONAL INFORMATION

Name   Male  Female

Email

Social Security Number  Date of Birth  Phone

Parent's Email

Home Address

City  MD Zip

Father (or Guardian)  Mother (or Guardian)

Father's (Guardian's) Occupation & Employer

Mother's (Guardian's) Occupation & Employer

Do your parents have any additional dependents?  Yes  No If yes, how many?

## SECTION II

### ACADEMIC INFORMATION

School You Will Attend

**Scholarship recipients *must* attend a higher education facility *inside* Maryland.**

City & State of College  Major

Name of High School  Year Graduating

**ONLY graduating high school seniors who live in District 5 are eligible for the scholarship.**

**PLEASE ENCLOSE THE DOCUMENTS OUTLINED IN INSTRUCTIONS:**

- **OFFICIAL SEALED HIGH SCHOOL TRANSCRIPT, SAT/ACT SCORES, and CLASS RANK (weighted and un-weighted). RESUME, ESSAY, and FAFSA cover sheet.**

**CERTIFICATION:** All information on this form is true and complete to the best of my knowledge.  
**APPLICATION CANNOT BE CONSIDERED UNLESS SOCIAL SECURITY NUMBER IS PROVIDED.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
DATE

