



Maryland Senatorial Scholarship Application 2010

FOR SENATOR NANCY JACOBS

Annapolis Office Phone: (800) 492-7122 x 3158

Completed applications should be received no later than April 1, 2010 and should be sent to:

Senator Nancy Jacobs, Scholarship Application, 420 James Senate Office Building, Annapolis, MD 21401-1991

Section I: Personal Information		
Name of Applicant (First/Middle/Last)		Gender []-Male []-Female
Social Security Number	Date of Birth	Phone
Home Address	City	Zip
Father (or guardian)	Mother (or guardian)	
Father (or guardian) Employer	Mother (or guardian) Employer	
Marital Status []-Married []-Divorced []-Single	College Attendance Plans []-Undergraduate or []-Graduate []-Full-time Student or []-Part-time Student	
Do you have any dependents? []-No []-Yes. How many? []	Do your parents have any additional dependents? []- No []-Yes. How many? []	
Section II: Financial Information		
Total Family Income (Salaries, Interest, Dividends as reported to IRS) \$ _____		
Student Funds Available:		
Scholarships: \$ _____	Full-time job \$ _____	
Savings: \$ _____	Part-time job \$ _____	
Loans: \$ _____	Other: \$ _____	
Section III: Academic Information		
Name/City of High School	Year Graduated	Grades/Scores Un-weighted GPA [] Math SAT/ACT [] Verbal SAT/ACT [] Date of Last SAT []
	Class Rank _____ out of _____	
Name of School You Will Attend		City & State of School
Section IV; Essays		
Please attach an essay, no longer than two pages, single-sided, covering the following topics: Community service, extracurricular activities, employment history, and career goals.		

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 federal, 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 _____
DATE

PARENT/GUARDIAN SIGNATURE _____
DATE