



# Maryland Senatorial Scholarship Application

FOR SENATOR NANCY JACOBS

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

Completed applications should be received no later than **Monday, April 2, 2012** and should be sent to: Senator Nancy Jacobs, Scholarship Application, Senate Office Building Room 323, 11 Bladen St., Annapolis, MD 21401

*Applicant must have completed a FAFSA form in order to be eligible for ANY scholarship funds. Students should use the official FAFSA website to do so: <http://www.fafsa.ed.gov>*

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) \$ _____		
<b>Student Funds Available:</b>		
Scholarships: \$ _____	Full-time job \$ _____	
Savings: \$ _____	Part-time job \$ _____	
Loans: \$ _____	Other: \$ _____	
Section III: Academic Information		
Name/City of High School	Year Graduated	Grades/Scores
	Class Rank _____ out of _____	Un-weighted GPA [ ] [ ] Math SAT/ACT [ ] [ ] Verbal SAT/ACT [ ] [ ] Date of Last SAT [ ] [ ]
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: <i>Community service, extracurricular activities, employment history, and career goals.</i>		

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 \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_