

JAMES N. MATHIAS, JR.
Legislative District 38
Somerset, Wicomico,
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Finance Committee
Executive Nominations Committee

Joint Committee on Administrative,
Executive, and Legislative Review

Chair, Eastern Shore Senate Delegation

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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

Senatorial Scholarship Application 2017-2018

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 #: _____

4. 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 \$ _____

1. 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. 2016 personal earnings _____ Amount saved for college, if any _____

2017 expected earnings _____ Amount planned to save for college _____

Type of work _____

Place of employment _____

2. Have you received any other financial aid? Yes ___ No ___ If yes, please explain:

Source of aid

Type of aid

Amount per year

3. Gross family income:

_____ \$0 to \$15,000

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

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

_____ Over \$45,000

Have you submitted your FAFSA (required for scholarship consideration)

_____ Yes

_____ No

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:

11941 Industrial Park Road, Unit #8
Bishopville, MD 21813
410-352-3096
Fax: 410-352-3087

Due Date: April 3, 2017

FAFSA must be in by March 1, 2017