



Maryland Senate
Senator Karen Lewis Young – District 3
Scholarship New Application
Complete ALL – Incomplete applications will not be accepted.

BASIC INFORMATION

First Name: _____ Middle: _____ Surname: _____

Permanent Address (please indicate if you have a different mailing address)

Apt./Suite/P.O. Number: _____

City: _____ State: Maryland Zip Code: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

FAMILY INFORMATION

Parent: _____

Parent: _____
(First & Last Name) (Occupation) (Employer)

Number of Siblings: Older: _____ Younger: _____ In College: _____

RESIDENCY REQUIREMENTS (please check all that apply)

I am a legal resident of the United States.

I am a resident of Legislative District 3. ([Click to enter your address and verify](#))

I am a registered voter in Maryland.

COLLEGE OR UNIVERSITY INFORMATION

Institution Name: _____

Institution Address: _____ City: _____ Zip: _____

Attendance: Full-time (UG: 12+ hours | G: 9+ hours)

Part-time (UG: 6-11 hours | G: 6-8 hours.)

Student Type: Undergraduate Graduate

FINANCIAL INFORMATION

Gross Household Income (according to last filed income tax return): _____

Have you applied for or received other financial aid or scholarships? YES *(please list)* NO

<u>Source</u>	<u>Type</u>	<u>Applied or Received</u>	<u>Amount</u>

EDUCATION

High School: _____

Graduation Date: _____ Grade Point Average (GPA): _____

Scholastic Aptitude Test (SAT) Scores: Reading and Writing: _____ Math: _____

EXTRA CURRICULARS – LEADERSHIP ROLES – AWARDS

Please list any clubs, athletics, interests, community service, and extracurricular activities. Please add if you served in any leadership positions and if you received any awards.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

WORK EXPERIENCE – INTERNSHIPS

_____ Please initial that you have included your **current resume** with this application.

LETTERS OF RECOMMENDATION

_____ Please initial that you have included **2 Letters of Recommendation** from a teacher, professor, employer, coach, supervisor, or mentor with this application.

_____ Please initial that both letters are one page or less, signed by the writer, and the letters **are not** from a family member or friend.

ESSAY QUESTIONS

Personal Reasons for Scholarship. Elaborate on any circumstances that create a special need for financial assistance. Why should you receive a Senate Scholarship? Be sure to highlight unique aspects of your circumstances. (400 words or less)

Education & Career Goals. Elaborate on your academic goals and future career plans. How do you plan to use your studies to achieve your future career plans? (400 words or less)

Personal Community Involvement and Volunteering. Elaborate on your past community and volunteer experience. How will future career plans relate to serving the public good and continued involvement with the community? (400 words or less)

I certify that the above information is full, complete, and true to the best of my knowledge. I also hereby acknowledge that the completion of this application does not guarantee a scholarship.

Student – Sign or Print Name

Date: _____

Caretaker – Sign or Print Name

Date: _____

APPLICATION CHECKLIST (incomplete applications will not be accepted)

Current Copy of Academic Transcript(s).

Two Letters of Recommendation.

Current Resume.

An active [Maryland College Aid Processing System \(MD CAPS\)](#) account.

All Sections and Essays of Application Completed.

Submitting All Required Documents (listed above) by May 15th.

THE SOONER YOUR APPLICATION IS RETURNED, THE SOONER IT WILL BE PROCESSED

PLEASE SUBMIT COMPLETED APPLICATIONS TO:

**Office of Senator Karen Lewis Young
253 East Church Street
Frederick, MD 21701**

or

Email: Karen.Young@senate.state.md.us