

Delegate Peter F. Murphy
District 28
426 Lowe House Office Building
Annapolis, Maryland 21401

Delegate Scholarship Application

Please print legibly or type. Answer every question.

If you cannot complete your answer in the space provided attach a separate sheet of paper with your name and social security number at the top, then list the full question and your answer. For those questions, please write "See Attached" on the line provided on this application form.

Mr. _____ Mrs. _____ Ms. _____ Miss _____ E-mail Address: _____

Name Social Security # (Required by The Higher Education Commission) Home Phone Work Phone

Address (As listed on driver's license or voter registration card. Add house delivery address to P.O. Box addresses.) Date of Birth

1) Years at this address: _____ Single: ___ Married: ___ U.S. Citizen: ___

2) Have you received a House of Delegate Scholarship in the past? ___ If yes, please name the Delegate(s), amount(s) and year(s) received: _____

3) I will receive my diploma from _____ on _____
High School/College Date

4) I took the SAT/ACT on _____ SAT/ACT Scores _____ / _____ Last Semester's GPA _____
[if you have not completed one full year of college] Verbal Math

5) To date I have completed ___ years of education. School presently attending _____

6) Cumulative Grade Point Average _____
High School College

7) Schools I have applied to:
1st Choice school _____ 1st choice school in Maryland _____

8) Other Schools I have applied to:

9) I will be a ___ full-time ___ part-time student. If part-time, ___ credit hours per semester.

10) I will be attending College/Technical School next fall as a:
___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate Student

11) List any extracurricular, volunteer, religious, civic and/or community service activities in which you have participated, in order of importance.

[Continued on next page]

12) List special honors you received, achievements, advanced courses that were taken for credit, or outside activities you participated in during the past three years.

13) Please describe other financial resources that you expect to receive, including scholarships and family support.

14) If you are aware of any additional information that might be of help to the Scholarship committee, please include it here. Include information relating to financial need and unusual situations that you feel would be relevant to the committee.

15) Does anyone claim you as a dependent _____ If so, what is your total family income _____

[For total family income, please utilize the dollar number on your FASFA]

16) ESSAY – Please attach a statement of not more than 300 words describing what you hope to accomplish at the institution of higher learning you are planning on attending, and how you plan on utilizing this education after your graduation. [At the top of your essay, please include your name and social security number]

17) RESUME – Please attach a current copy of your resume that includes your work experiences (part time and full time). If you do not have paid work experiences, use a resume format to elaborate on any unpaid internships, volunteer work, or civic/charitable groups and causes that you have participated in.

Applications received after April 15th, 2012 at 5 PM will not be considered. Only complete original application packages will be considered by the Committee. Please, NO FAXES.

Parent or Guardian's Signature

Date

Applicant's Signature

Date

[If applicant is under 18 years old]

After completing this form, use the application checklist available on www.DelegatePeterMurphy.com (under the heading "Scholarships") to ensure you are including all of the required documentation to make this application complete. Mail the packet to:

The Honorable Peter F. Murphy
Maryland House of Delegates
426 Lowe House Office Building
Annapolis, MD 21401
ATTN: Scholarship Application

If you have any questions, please call 301-858-3247.