



Maryland Senatorial Scholarship Application for Senator Ronald N. Young

Annapolis Office Phone: (410) 841-3575 District Office Phone: (301) 662-8520



Completed applications must be postmarked no later than May 1st and delivered to: Senator Ronald Young, 253 E. Church Street, Suite 100 Frederick, MD 21701. *Applicant must have completed a FAFSA form in order to be eligible for ANY scholarship funds. Students should use the official FAFSA website: <http://www.fafsa.edu.gov>*

Section I: Personal Information

Name of Applicant (First / Middle / Last):		
Social Security Number (Last 4 digits only):	Date of Birth:	Phone:
Street Address:	City:	Zip:
Father (or guardian) Name:	Mother (or guardian) Name:	
College Attendance Plans: <input type="checkbox"/> – Undergraduate or <input type="checkbox"/> – Graduate <input type="checkbox"/> – Full-time Student or <input type="checkbox"/> – Part-time Student		
Do you have any dependents? <input type="checkbox"/> – No <input type="checkbox"/> – Yes If so, how many?	Do your parents have any additional dependents? <input type="checkbox"/> – No <input type="checkbox"/> – Yes If so, 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

Please send or attach official transcripts from all high schools and colleges attended.

Name / City of High School	Year Graduated:	Un-weighted GPA	_____
	Class Rank: _____ out of _____	Math SAT / ACT	_____
		Verbal SAT / ACT	_____
		Date of Last SAT	_____
Names of School(s) Applied To :		City & State of School(s):	
_____		_____	
_____		_____	
_____		_____	

Section IV: Essay and Resume

Please attach an essay, no longer than two pages, single-sided, covering the following topics: community service, extracurricular activities, employment history and career goals. Also please include your resume, detailing employment and extracurricular activities, honors & awards and leadership positions.

CERTIFICATION: By signing below, I agree that 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