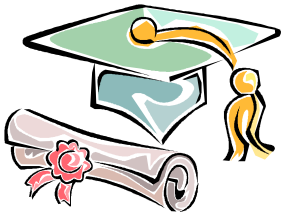
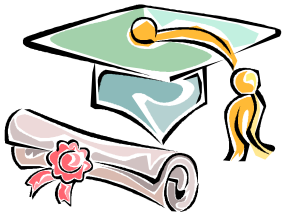


House of Delegates Scholarship Application

# MICHAEL D. SMIGIEL, SR.

Annapolis Office Phone: (410) 841-3555
District Office Phone: (410)398-4606



*Please complete the following form and return to Delegate Michael D. Smigiel Sr. at: 323 Lowe House Office Building, Annapolis, MD 21401-1991.*

Check box if this is a renewal application. ☐

## SECTION I — PERSONAL INFORMATION

NAME OF APPLICANT (Please type or print legibly.) (L) (F) (M.I)

SEX ____ M ____ F

SOCIAL SECURITY NUMBER ____ ____

DATE OF BIRTH / /

PHONE

HOME ADDRESS

CITY

ZIP CODE

FATHER (OR GUARDIAN) NAME

MOTHER (OR GUARDIAN) NAME

FATHER (OR GUARDIAN) OCCUPATION AND EMPLOYER

MOTHER (OR GUARDIAN) OCCUPATION AND EMPLOYER

YOUR MARITAL STATUS

____ Married ____ Divorced ____ Single

Do you have any dependents? Yes ____ No ____ If yes, how many? ____

Do your parents have any additional dependents? Yes ____ No ____

If yes, how many? ____

COLLEGE ATTENDANCE PLANS

____ Full-time Student ____ Part-time Student

____ Undergraduate ____ Graduate

## 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

NAME OF SCHOOL YOU WILL ATTEND

CITY & STATE OF SCHOOL

NAME OF HIGH SCHOOL

YEAR GRADUATED

CURRENT G.P.A.

CLASS RANK:

OUT OF:

MATH S.A.T./A.C.T SCORE

VERBAL S.A.T/A.C.T SCORE

DATE OF S.A.T./A.C.T

EXTRACURRICULAR ACTIVITIES, COMMUNITY SERVICE, AND EMPLOYMENT (Use back of application form if needed.)

CAREER GOALS

***PLEASE ENCLOSE A TRANSCRIPT OF GRADES AND ANY OTHER HELPFUL INFORMATION.***

**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 U.S., 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 DATE

_____ SPOUSE SIGNATURE DATE

_____ MOTHER SIGNATURE DATE

_____ FATHER SIGNATURE DATE