



House of Delegates Scholarship Application
DELEGATE ANDREW CASSILLY
6 Bladen Street Annapolis MD 21401, Suite 316
Annapolis Office Phone: (410) 841-3444



Please Fill Out Legibly

SECTION 1

IS THIS SCHOLARSHIP A RENEWAL? YES ____ NO ____

NAME OF APPLICANT
(L) _____

(F) _____

SEX

M ____ F ____

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PHONE NUMBER

(H) _____

(C) _____

HOME ADDRESS

CITY

ZIP CODE

EMAIL

SECTION 2

COLLEGE ATTENDANCE PLANS

FULL TIME _____

PART TIME _____

UNDERGRAD _____

GRADUATE _____

UNIVERSITY YOU PLAN TO ATTEND/ATTEND CURRENTLY

ARE YOU CURRENTLY IN HIGH SCHOOL?

YES ____ NO ____

IF SO PLEASE LIST HIGH SCHOOL BELOW:

APPLICATIONS MUST BE RECEIVED NO LATER THAN APRIL 6TH, 2020
PLEASE ENCLOSE A TRANSCRIPT OF GRADES, A 400-500 WORD ESSAY ON YOUR
CURRENT ACCOMPLISHMENTS AND HOW THEY RELATE TO YOUR GOALS,
AS WELL AS ANY OTHER HELPFUL INFORMATION.

CERTIFICATION: All information provided 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 US, 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.

Signature _____ Date _____