

**JAMES N. MATHIAS, JR.**  
*Legislative District 38*  
Somerset, Wicomico,  
and Worcester Counties



*Annapolis Office*  
James Senate Office Building  
11 Bladen Street, Room 216  
Annapolis, Maryland 21401  
410-841-3645 • 301-858-3645  
800-492-7122 Ext. 3645  
Fax 410-841-3006 • 301-858-3006  
James.Mathias@senate.state.md.us

Finance Committee  
Executive Nominations Committee

Joint Committee on Administrative,  
Executive, and Legislative Review

*Chair, Eastern Shore Senate Delegation*

**THE SENATE OF MARYLAND**  
**ANNAPOLIS, MARYLAND 21401**

*District Office*  
410-352-3096  
Fax 410-352-3087

**Senatorial Scholarship Application 2017-2018**

**A. PERSONAL INFORMATION (Please Print)**

1. Name \_\_\_\_\_  
Last First MI Social Security No.

2. Address: \_\_\_\_\_  
(Permanent mailing address)

City Zip Code Home Telephone

3. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. Cell Phone #: \_\_\_\_\_

4. Email address: \_\_\_\_\_

5. Do you live with your parents? Yes \_\_\_ No \_\_\_ If yes, how many children are dependent on your parents? \_\_\_\_\_ If no, give name and address of your parents:

6. Are you receiving veteran's benefits? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

1. List your hobbies, outside interests and extracurricular activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. EDUCATIONAL DATA**

1. High school attended: \_\_\_\_\_  
Name City/State

2. Graduation date: \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Date of SAT/ACT: \_\_\_\_\_

3. List colleges you plan to attend, in order of choice. Please indicate any to which you have already been accepted:

---

---

4. If you are already attending college, please answer the following:

a. College presently attending:

---

b. Graduate \_\_\_ Undergraduate \_\_\_ Year and Semester \_\_\_\_\_

c. Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

d. Major \_\_\_\_\_ Minor \_\_\_\_\_

e. Grade point average \_\_\_\_\_

### C. FINANCIAL INFORMATION

1. 2016 personal earnings \_\_\_\_\_ Amount saved for college, if any \_\_\_\_\_

2017 expected earnings \_\_\_\_\_ Amount planned to save for college \_\_\_\_\_

Type of work \_\_\_\_\_

Place of employment \_\_\_\_\_

2. Have you received any other financial aid? Yes \_\_\_ No \_\_\_ If yes, please explain:

Source of aid

Type of aid

Amount per year

---

---

3. Gross family income:

\_\_\_\_\_ \$0 to \$15,000

\_\_\_\_\_ \$30,000 to \$45,000

\_\_\_\_\_ \$15,000 to \$30,000

\_\_\_\_\_ Over \$45,000

Have you submitted your FAFSA (required for scholarship consideration)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

D. PERSONAL REASONS FOR SCHOLARSHIP (if necessary, please attach additional sheet)

1. Please elaborate on any extenuating circumstances which create a special need for financial assistance:

2. Would you please give us your personal feelings as to why you are deserving of a Scholarship:

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**PLEASE RETURN APPLICATION TO:**

11941 Industrial Park Road, Unit #8

Bishopville, MD 21813

410-352-3096

Fax: 410-352-3087

**Due Date: April 3, 2017**

**FAFSA must be in by March 1, 2017**