

2010 DELEGATE SCHOLARSHIP APPLICATION
MARYLAND LEGISLATIVE DISTRICT 47
DELEGATE JOLENE IVEY

Applicant's Name: _____ Social Security Number: _____ - ____ - ____
Home Address: _____ Zip Code: _____
City: _____ Email Address: _____
Phone Number: _____ Date of Birth: _____
High School: _____ GPA: _____
Name of College or University Attending/Will Attend: _____
 Full Time OR Part Time
Course of Study: _____
Applicant's Annual Income if NOT a Dependent: \$ _____

Complete this section ONLY IF YOU ARE A DEPENDENT:

Father's Name: _____
Father's Occupation: _____ Annual Income: _____
Mother's Name: _____
Mother's Occupation: _____ Annual Income: _____

I have reviewed this application and verify that the information submitted is complete and accurate.

Signature of Applicant Date

Signature of Parent or Guardian Date
(If applicant is under the age of 18 years old)

Completed applications (including a copy of your most recent transcript; one letter of recommendation from someone who knows you (teacher, minister, family friend, community leader, etc.); a short statement of why you want to go to school and what you hope to learn; and, any additional information that might be useful about your activities outside of school, work experience, or other things that might be of use as we review applications) MUST BE RETURNED TO MY OFFICE BY APRIL 15TH. We will begin making awards around May 15TH.

Mail Completed Application to:

Delegate Jolene Ivey
6 Bladen Street, Room 204A
Annapolis, Maryland 21401
301-858-3478 or 410-841-3478

For More Information Contact Nikki Greco at: