

**House of Delegates Scholarship Application for the 2018/2019 Academic Year  
12<sup>TH</sup> Legislative District; Delegate Eric D. Ebersole**

**Personal Information**

Name \_\_\_\_\_ MHEC ID or SS# \_\_\_\_\_  
*Last First (Required)*

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_  
*(please provide a number where the student can be reached with any questions that arise)*

Address: \_\_\_\_\_  
*(Use your permanent address where you filed your FAFSA)*

Email address: \_\_\_\_\_  
*(This address will be used to contact you with questions.. Please provide an email address you check regularly)*

Sex: ( ) Male ( ) Female ( ) Other (please write your preferred salutation: \_\_\_\_\_)

I am a legal resident of Maryland; Legislative District Number \_\_\_\_\_  
*(If you don't know your legislative district, go to: <http://mdelect.net>, enter your address and be sure Eric Ebersole is your delegate. We do not award scholarships to students who do not live in our legislative district.)*

**Educational Information**

Secondary Education: \_\_\_ High School \_\_\_ Equivalent

Name of High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

GPA: \_\_\_\_\_

*(Your GPA must be **current** and **cumulative**. We are not able to award students with a cumulative GPA below 2.0. If you are a college student, please list your college GPA. Only list your high school GPA if you have never attended college.)*

I would like to be considered for a Delegate Scholarship to attend or continue to attend:

\_\_\_\_\_

*Name of College/University/Trade School*

*(Please list only one school. If you are waiting to hear where you have been accepted, list your first choice school. If you attend a school other than what you listed, please notify us immediately.)*

( ) I have been accepted. ( ) I am waiting to hear if I have been accepted ( ) I currently attend this institution

Attending college as: ( ) Undergraduate ( ) Graduate Student

Planning to enroll : ( ) Full Time ( ) Part Time

*(If your status changes from full-time to part-time, please contact our office. Otherwise, your award will be automatically reduced)*

**Financial Information**

Have you applied for any other financial aid? If yes, please provide type(s) and source(s).

Do you intend to work while attending college? \_\_\_\_\_

Name of Employer \_\_\_\_\_ Hours per week \_\_\_\_\_

### Additional Information

Number of family members attending college, including yourself: \_\_\_\_\_

Please either attach a resume to this application or list your extracurricular activities, both in school and in the community, and the dates of participation below.

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Are there any special circumstances that we should take into consideration when reviewing your application? If so, please briefly explain below, or in an attached document.

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### Submission Information

Please submit

1. This application form
2. A copy of your transcript
3. **An essay of 500-700 words that describes your educational and professional goals and how this scholarship can help you achieve your goals.**
4. If you are applying by mail, please send your application to this address:  
12<sup>th</sup> District Scholarship Committee  
c/o The Honorable Eric D. Ebersole  
The Maryland House of Delegates  
6 Bladen Street, Room 305  
Annapolis, Maryland 21401-1991

If submitting by email, please submit your complete application to  
[eric.ebersole@house.state.md.us](mailto:eric.ebersole@house.state.md.us)

*I acknowledge that my application will not be processed if the application, essay **and** transcript are not in by April 2<sup>nd</sup>, 2017, or if I do not live in the 12<sup>th</sup> Legislative District.*

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*Signature (if submitting electronically, please type your name)*

**Please retain a copy of the completed application and essay for your records.**