

Delegate Marvin E. Holmes, Jr. Delegate 23B Scholarship Application

PLEASE PRINT

Are you a Resident of Legislative District 23B: __Yes __No

Due Date: May 18, 2021

Check one: *Renewing Student* ___ *New Applicant* ___

Date of Birth: ___/___/___ SS# ___-___-___ MHECID # _____
(To identify you in the MD Higher Education Commission's database)

Student's Full Name:(Last, First MI)

Email Address: _____

Home Address: _____

Street

City

State

Zip

Cell Phone: _____ Home Phone: _____

Current High School(*if applicable*): _____

Name and address of College or University: _____

City

State

Zip

(If out of state school, you must apply for Unique Major exception)

(Circle one): Freshman /Soph /JR /SR Enrollment: Full-time: ___ Part-Time: ___

Anticipated Course of Study: _____ Current GPA: _____

Annual Income if NOT a dependent: \$ _____

(Complete this section if you are a dependent)

Father's/Guardian's Name: _____ Annual Income: \$ _____

Father's/Guardian's Occupation: _____

Mother's/Guardian's Name: _____ Annual Income: \$ _____

Mother's/Guardian's Occupation: _____

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

Signature of Parent or Guardian

Date: _____

Signature of Parent or Guardian

Date: _____

Email to: Marvin.Holmes@house.state.md.us