#### HOUSE OF DELEGATES SCHOLARSHIP PROGRAM

Application for a House of Delegate Scholarship to be awarded by Delegate Cory McCray will be accepting applications beginning, January of the year of the award. Closing date for receipt of application must be no later than April 1, 2015. When a determination is made by the Scholarship Committee the student will be notified. Date of determination is depending on notification by the Scholarship Administration of funds available, possibly late May.

### **ELIGIBILITY REQUIREMENTS**

Students may use this scholarship toward undergraduate, graduate or professional studies and may attend full or part-time.

Full time attendance is defined as 12 credits per semester for undergraduate and 9 credits per semester for graduate students.

Part-time students must be enrolled in a degree program. Part-time is defined as 6 to 11 credits per semester for undergraduates and 6-8 credits per semester for graduate students.

To be eligible for a Delegate Scholarship, the recipient must attend a Maryland college or university, or a private career school. Private career schools must have the Commission's approval to operate and be accredited by a national accrediting association approved by the United States Department of Education. Recipients may also attend a hospital nursing diploma school if the curriculum is approved by the Commission.

Applicants who are attending an out-of-state school and believe that their program is a unique major, i.e., not offered in Maryland, must submit a request, in writing, to the Director of the Scholarship Division that their major be identified as such for the purpose of applying for the Delegate Scholarship program.

Forward your request for a unique major to: Director, Maryland Higher Education Commission, Office of Student Financial Assistance, 6 N. Liberty Street, Baltimore, Maryland 21201.

Recipients of a Delegate Scholarship award are not automatically renewed on an annual basis. Recipients who desire a scholarship for future years must reapply to Delegate McCray annually.

### **PAYMENT**

Payment is made directly to the institution the applicant is attending. At the beginning of each school term, institutions will be asked to review billing rosters provided by the State Scholarship Administration to certify that the recipient is a Maryland resident and enrolled for the number of credits for which the award was made. If there is a change in school please notify MHEC. If there is a change in credits, the award will be adjusted accordingly.

Upon receipt of the institution's certification, the State Scholarship Administration will disburse the amount to be credited directly the student's account.

Scholarship questions?: osfamail@mhec.state.md.us

# **Delegate Cory McCray**

## Maryland Legislative District 45th

## 2015 - 2016 Maryland House of Delegates - Scholarship Application

	Ple	ase type or print clearly	y. If you have any qu	iestions, please	call the office at 410 t	841-3486	
IMP	ORTANT!	Application m	nust be postma	rked <i>no la</i>	ater than MONI	DAY, April 6, 20	015
Student						Male Femal	le
Name:							
Home							
Address:							
Date of Birth:			Soc	ial Securit	y No.:		
Phone:			U.S	. Citizen:	Yes No	_	
Marital Status:	Single	Married					
Do you live wit	h your parei	nts?					
If yes, how ma	ny children a	are dependent o	n your parents i	n addition t	o yourself?		
		of Maryland school		If an out-of		unique major to qu	ualify. Year
		(choic one).		Camo	Comor	Graduite	
Choose One: I	will attend s	school: Full Time	e(min. 12 s	semester ho	ours) Part	Time(6 to 11	semester hours)
Grade Point Ave	erage:	Majo	or:				
If graduating from	High School i	in 2015, list school	name and address	;	SAT Scores:		
					Verbal:	Math:	
					Date Tak	en:	
PLEAS	SE ATTACH	A COPY OF YO	UR MOST RECE	NT HIGH S	 SCHOOL OR CO	OLLEGE TRANSC	 CRIPT.

Scholarship Application 2015- 2016 Student's Name:								
	List school, home, religious or community activities to which you have devoted your time (attached an additional sheet if needed):							
why you want to atter you may submit you	nd college, your goals and	selected vocation or general fields ay. If there are any special circu	ment (500 words or less) explaining s of interest. In lieu of this statement, imstances of which the Scholarship					
2016 Personal Income:								
2015 Personal Income:			estimated					
Place of Employment:								
Gross Family Income		\$21,000 - \$30,999 \$60,000 - \$79,999	\$31,000 - \$40,999 \$80,000 - Over					
Did you receive any fina	nncial aid last year?	yes no						
If yes, please name type	e of loan, grant or scho	larship.						
List any other application	ns for financial assistar	nce which you are making this	year and any response received to date:					
When did you submit a	Free Application for Fe	deral Student Aid (FAFSA) forn	1					
Student's Signature		Date						
Parent's Signature (if stude	ent is a dependent)	Date						

IMPORTANT!

This application must be postmarked or faxed NO LATER than MONDAY, APRIL 6, 2015.

Mail to:

District 45 Delegate Scholarship, Office of Delegate McCray, 6 Bladden Street Room 315 House, Annapolis, MD 21401