TONY McConkey *Legislative District 33*Anne Arundel County

Appropriations Committee

Subcommittee
Public Safety and Administration
Oversight Committee on Personnel



The Maryland House of Delegates Annapolis, Maryland 21401

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MARYLAND HOUSE OF DELEGATES SCHOLARSHIP APPLICATION

Information provided below is for the use of the Scholarship Committee in considering your application

and will be kept confidential. Please return this of financial aid form (if avail) to: Delegate Tony McC	application with an official transcript and current Conkey, 6 Bladen Street, #216, Annapolis MD 21401
SSN	Date of Birth
Last Name	First Name
Street Address	
City	State Zip Code
Telephone	E-Mail
Funds To Be Used For:	
\square undergraduate \square full-time (12+ credits per s	emester) \Box part-time (6-11 credits per semester)
☐ graduate ☐ full-time (9+ credits per se	mester)
High School	Year Of Graduation
SAT / ACT Scores: V M	Date Taken: GPA:
I will start school in September as a ☐ Freshman College	
Father's Occupation	Mother's Occupation
Spouse's Occupation	Total Family Income
List special financial burdens, including siblings in	college

Elected positions / honors /awards attained:
Please list any school activities:
Please list community, religious and service activities, as well as other activities and interests to which you have devoted time:
List any job experience:
Additional Material (1 page each)
1) On a separate sheet please explain your future plans, what you hope to study, and/or any additional information which will help the scholarship committee in their consideration of your application.
2) Please select an article posted at www.leg33.com and on a separate sheet comment as to how the article relates / explains your desire to go into a particular field or profession.
I certify that I am a legal resident of Maryland Legislative District 33 and would like to be considered for a Maryland House of Delegates Scholarship. I understand that a Delegate Scholarship is only available for a Maryland school, or a unique major not offered in the state.

Signature _____ Date _____