

Application for Delegate Lafferty Scholarship

Deadline April 1, 2019

Email to: Stephen.lafferty@house.state.md.us

or

Mail to:

Delegate Stephen Lafferty – District 42A
6 Bladen Street, Room 303; Annapolis, MD 21401
(410) 841-3487

I. PERSONAL INFORMATION

Name: _____
Last First Middle

Home Address: _____
Street City State Zip

Home Phone: () _____ Email Address: _____

Date of Birth: _____

II. ACADEMIC INFORMATION

If you are a High School Senior, name of High School you attend _____

All applicants:
Name of College/University you attend or will attend: _____

Anticipated date of college graduation: _____

Will you attend: Full-Time Part-Time

Will you be: Undergraduate Graduate

Major(s): _____

III. FINANCIAL AID AND OTHER CONSIDERATIONS

Please list any scholarships you have applied for and the amounts you have been awarded for the upcoming academic year. Also, list any other aid you have requested.

IV. FAMILY INFORMATION

For Dependent Students:

Parent's Name: _____ Parent's Name: _____

Employer: _____ Employer: _____

Position: _____ Position: _____

Parent's Address: _____

Are there other dependent children? Yes No If yes, how many _____

Number of family members attending college in 2019-2020 (including self): _____

Independent Students:

Do you meet the criteria to be declared an independent student for the purposes of the FAFSA: _____ Yes _____ No (If unsure, please contact us at 410-841-3487)

V. ATTACHMENTS

1. Attach a one-page letter to provide additional information to the Lafferty Scholarship Committee with information about yourself, such as: community service, academic achievements, extra-curricular activities, special financial needs, etc. (Provide an original and 1 copy if mailing application)
2. Along with this application, please provide your most recent transcript. If you have not attended school for three years or longer, please explain:

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3. Copy of the completed FAFSA report or Student Aid Report (SAR).
 4. Copy of your Maryland Driver's License or Identification Card.

VI. CERTIFICATION

I certify that the information in this scholarship application is true and correct to the best of my knowledge.

Signature of Applicant

Date

Parent Signature if applicant is under 18

Date