Maryland House of Delegates

Delegate Terri L. Hill, M.D.

Scholarship Application

2022-2023

**Submission Instructions**

**Please submit the following by April 15, 2022:**

• This completed form

• Copy of your unofficial transcript from current/most recent institution

• An essay (of no more than 1000 words) that describes your educational and professional goals and how this scholarship can help you achieve your goals

• Resume/summary

• Complete FAFSA Student Aid Report (SAR)

If applying by mail, please send your application to this address postmarked by **April** 1**5, 2022**:

Delegate Terri Hill Scholarship Committee

The Maryland House of Delegates

6 Bladen Street, Room 214

Annapolis, MD 21401

If submitting by email, please send application materials as a PDF to Terri.Hill@House.State.md.us by **April** 1**5, 2021**

Applications received after **April** 1**5, 2022** may not be processed for the upcoming award year. If you have a reason why your application will be received late, please notify our office for possible late consideration. For questions, contact us at the email above or at 410-841-3378.

Delegate Hill’s Scholarships are preferentially given to residents of Legislative District 12. If you do not know your legislative district, go to: www.mgaleg.maryland.gov, and enter your address.

Are you a resident of Maryland Legislative District 12? **Yes \_\_\_ No \_\_\_** If no, what is your District? \_\_\_\_\_ **Part I. Personal Information**

**Preferred Salutation:** Ms. \_\_\_\_ Mr.\_\_\_ Mx. \_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Initial Last

Preferred Pronouns: She/her/hers \_\_\_\_ He/him/his \_\_\_\_ They/them/theirs \_\_\_\_\_

Ze/zir/zirs \_\_\_\_\_ Something else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MHEC ID (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If you do not have an MHEC ID#, create a student account and obtain an MHEC ID# at https://mdcaps.mhec.state.md.us/

Last 4 digits of Social Security # (only if attending an out of state school for a unique major or are a veteran)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a phone number where the student can be reached if any questions arise:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II. Education**

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year: \_\_\_\_\_\_

Weighted/Unweighted GPA: \_\_\_\_\_\_\_\_ NOTE: **Please attach transcript (final or most current)** (Your GPA must be current & cumulative. We are not able to award students with a cumulative GPA below 2.0)

ACT\_\_ or SAT\_\_ Total SCORES: \_\_\_\_\_\_\_\_\_ Verbal: \_\_\_\_\_\_\_ Math: \_\_\_\_\_\_\_ Written: \_\_\_\_\_\_\_\_\_ *Check one*

**High School Applicants**:

Please provide a list of colleges/universities/trade schools you are planning to attend, proposed major, and start date. Please attach additional sheet if more room is needed.

*To be eligible you must attend a Maryland institution unless you are pursuing a “unique Major” recognized by Maryland Higher Education Commission. For information link http://www.mhec.state.md.us*

Institution/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date \_\_\_\_\_\_\_\_

Institution/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date \_\_\_\_\_\_\_\_

Institution/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date \_\_\_\_\_\_\_\_

**College Applicants:**

If you have graduated high school and attended college, please provide a list of colleges/universities/trade schools you have or are attending. Please attach additional sheet if more room is needed.

*To be eligible you must attend a Maryland institution unless you are pursuing a “unique Major” recognized by Maryland Higher Education Commission. For information link http://www.mhec.state.md.us*

**Name of Institution**:

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year(s) attended: \_\_\_\_\_\_\_\_\_\_ Major/Degree obtained, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date or anticipated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_  **Please attach current or final transcript**

**Name of Institution**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City/State: Year(s) attended: \_\_\_\_\_\_\_\_\_ Major/Degree obtained, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date or anticipated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_  **Please attach current or final transcript**

**Part III. Supplemental Information**

• **Other financial aid**: Have you been, or do you expect to be, awarded any other financial aid such as scholarships, grants or assistantships? If yes, please list types/sources and the amount. Please attach an additional sheet if more room is needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• **Please attach a resume or summary:** Include your extracurricular activities (both in and out of school), work history and volunteer activities with dates of participation.

• **Special Circumstances**: 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I affirm that the information in this application is factual and accurate to the best of my knowledge. I am aware that misrepresentation may disqualify me from scholarship consideration.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ *Print this application and sign*

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**Please fill out the application completely and review the checklist at the top of the first page to make sure that you have provided all necessary documents.**

**Please do not send your application by delivery service where a signature will be required. For more information, visit Delegate Hill’s webpage: http://friendsofterrihill.org/**

**Applicants who submitted their materials by the deadline will be notified of award decisions by the end of June.**

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