

# HOUSE OF DELEGATES SCHOLARSHIP APPLICATION

DELEGATE TODD L. SCHULER

6 Bladen Street, Room 305

Annapolis, Md. 21401

\_\_\_\_\_  
**Social Security Number**                      **Student's Full Name**                      **Date of Birth**

\_\_\_\_\_  
Street Address                      City                      State                      Zip Code                      Telephone Number

\_\_\_\_\_  
Father's Name (if dependent)                      Occupation                      Income

\_\_\_\_\_  
Mother's Name (if dependent)                      Occupation                      Income

Total Household Income: \$ \_\_\_\_\_

Currently:

High School Senior:                     

Received Scholarship from Delegate Bromwell  
for Fall 2009/Spring 2010:                     

Undergrad Student:                     

Most Recent Cumulative GPA:                      \_\_\_\_\_

Grad Student:                     

Combined SAT Score:                      \_\_\_\_\_

Currently

Not Enrolled in School:                     

\_\_\_\_\_  
High School Attended                      City                      State                      Year Graduated

\_\_\_\_\_  
College you (will) attend                      Address

Extracurricular Activities & Community Service:

Career Goals:

\_\_\_\_\_  
Student Signature                      Date                      Parent/Guardian Signature (if dependent)                      Date

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. IF NOT APPLICABLE, PUT N/A**