

Application for Delegate Lafferty Scholarship  
Deadline April 2, 2010  
**Mail to:**

Delegate Stephen Lafferty – District 42  
6 Bladen Street, Room 306; Annapolis, MD 21401  
(410) 841-3487

**I. PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle  
Home Address: \_\_\_\_\_  
Street City State Zip  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
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:

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

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

Number of family members attending college in 2010-2011 (including self): \_\_\_\_\_

### Independent Students:

Your marital status: Single Married Separated Divorced Widowed

Dependent Children: Yes No If yes, how many and age(s) \_\_\_\_\_

## 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, extra-curricular activities, special financial needs, etc.
2. Along with this application, please provide an official college and official high school transcript, unless it has been more than three years since you graduated from high school, or you have previously submitted a high school transcript to this office.
3. Copy of the completed FAFSA report or Student Aid Report (SAR).
4. Copy of your Maryland Drivers 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