

# SCHOLARSHIP APPLICATION FORM

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Company: \_\_\_\_\_

School/College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_

Bursar or Financial Aid Office Phone #: \_\_\_\_\_

Degree Major: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Title: \_\_\_\_\_

Fees (list): \$ \_\_\_\_\_ Tuition Per Course: \$ \_\_\_\_\_

Total Tuition and Fees: \$ \_\_\_\_\_ Book Expense: \$ \_\_\_\_\_

*Tuition, book and fee expenses may be estimated until actual amounts are known. Invoices sent by the institution or the bookstore will be reviewed for payment based on the approved application. Only approved tuition, fee and book expenses will be paid; other items may not be paid.*

I certify that I meet the requirements to be eligible for consideration of the Scholarship Program. I am aware that the eligibility information may be audited. (Eligibility requirements are explained in the Recruitment and Retention Program document and on the reverse side of this application.) If applicable, I further certify that I will not file for tuition reimbursement with the State of Maryland in the amount of the tuition scholarship that is awarded by the County. If applicable, I will cooperate with the Recruitment and Retention Committee in processing a County application for State reimbursement.

Applicant's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

I certify that this applicant meets the requirements to be eligible for consideration of the Scholarship program. I am aware that the eligibility information may be audited. If applicable, I will cooperate with the Recruitment and Retention Committee in processing a County application for State reimbursement.

- Approve Reimbursement in the following amount: \$ \_\_\_\_\_
- Disapprove Reimbursement

Chief's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

President's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_