



Scholarship Application

Applicant Information

Full Name: _____ Date: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____
Are you a citizen of the United States? YES NO
 Date of Birth: _____

Certify

Name of Parent/Grandparent _____	Agency: _____	
I understand I must enroll in an accredited institution by the Fall term of the 2022-2023 school year.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I understand a check payable to the institution will be mailed directly to the institution during the Fall of 2022.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I understand that it will be my responsibility to provide receiving institution's payment information.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I understand if I am chosen as a winner, I will provide my senior portrait in a timely fashion only to be used in the City of Baltimore's promotional material.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Education

High School: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO
Month/Year Month/Year Diploma: _____

Intended College/University: _____ Address: _____
City State ZIP Code

