



Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Name: 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 2024-2025 school year. YES NO

I understand a check payable to the institution will be mailed directly to the institution during the Fall of 2024. YES NO

I understand that it will be my responsibility to provide receiving institution's payment information. YES NO

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 NO

Education

High School: _____

Address: _____

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

Intended College/University: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

