

Scholarship Application

| Full Name: | Applicar | nt Information | | | | | |
|--|--|---------------------------|------------|------------|-------------|--------------------|--|
| Name: First M.I Last Address: Street Address Apartment/Unit # City State ZIP Code Phone: | Full | | | | | Data | |
| Address: | Name: | | | | | Date: | |
| Street Address Apartment/Unit # City State ZIP Code Phone: Email: | | First | M.I | Last | | | |
| Street Address Apartment/Unit # City State ZIP Code Phone: Email: | | | • | • | | | |
| City State ZIP Code Phone: Email: | Address: | | | | | | |
| City State ZIP Code Phone: Email: | | Street Address | | | | Apartment/Unit # | |
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| Phone: | | | | | | | |
| Phone: | | | | | | | |
| Are you a citizen of the YES NO Date of Birth: United States? Certify Name of Parent/ Agency: Grandparent | | City | | | State | ZIP Code | |
| Are you a citizen of the YES NO Date of Birth: United States? Certify Name of Parent/ Agency: Grandparent | Phone: | | | Email: | | | |
| Unifed States? Agency: Ocrtify Agency: Grandparent | | | | | | | |
| Unifed States? Agency: Ocrtify Agency: Grandparent | | | | D . (D) | .1 | | |
| Certify Agency: Grandparent | | | NOL | Date of Bi | rth: | | |
| Name of Parent/ Agency: Grandparent | | lles: | | | | | |
| Grandparent | | | | | | | |
| I understand I must enroll in an accredited institution by the Fall term of the 2025-2026 school year. NO I understand a check payable to the institution will be mailed directly to the institution during the Fall of 2025. Image: Comparison of | | | | | Agency: | | |
| I understand a check payable to the institution will be YES I understand a check payable to the institution will be YES mailed directly to the institution during the Fall of 2025. □ I understand that it will be my responsibility to provide YES NO □ receiving institution's payment information. □ I understand if I am chosen as a winner, I will provide YES Monther City of Baltimore's promotional material. □ Education □ High School: Month/Year To: Did you YES NO □ High School: Image: To: Did you YES NO High School: Image: To: Did you YES NO High School: Image: To: Did you YES NO High School: Image: To: Image: To: Month/Year Intended | Grandpare | ent | | | | | |
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| I understand a check payable to the institution will be mailed directly to the institution during the Fall of 2025. 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 High School: | | | | tution | YES | | |
| I understand to the institution during the Fall of 2025. □ I understand that it will be my responsibility to provide receiving institution's payment information. □ 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. □ Education □ High School: | by the Fall | term of the 2025-2026 sch | lool year. | | | · · · | |
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| receiving institution's payment information. | mailed directly to the institution during the Fall of 2025. \Box | | | | | | |
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| my senior portrait in a timely fashion only to be used in | receiving institution's payment information. | | | | | | |
| my senior portrait in a timely fashion only to be used in | Lunderstand if Lam chosen as a winner Lwill provide VFS | | | | | NO | |
| Education High School: Address: Address: From: To: Did you YES NO graduate? Intended | my senior portrait in a timely fashion only to be used in | | | | | | |
| High School: Address: From:To:Did you YES NO graduate? □ □ Intended | the City of Baltimore's promotional material. | | | | | | |
| Address: Did you YES NO From:To:To:graduate? □ □ Month/Year Month/Year Intended | Educatio | DII | | | | | |
| Address: Did you YES NO From:To:To:graduate? □ □ Month/Year Month/Year Intended | High School: | | | | | | |
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| From: To: graduate? | Address: | | | | | | |
| From: To: graduate? | | | | Did vou YI | ES NO | | |
| Intended | | | gr | aduate? | | | |
| Intended College/University: | Μ | Ionth/Year Month/ | Year | | | | |
| College/University: | Intended | | | | | | |
| | College/U | niversity: | | | | | |
| | | · | | | | | |
| Address: | Address: | | | | | | |
| Citu: State: ZIP Code: | City | | | Ctata | 710/ | Code: | |
| City: State: ZIP Code: | Cuy: | | | Siule: | | Joue. | |

Essay Question Most high school students dream of the day when they will be on their own and no longer depend on their parents, but that kind of freedom requires financial independence. What does financial freedom mean to you? What is your plan to achieve financial freedom for yourself, and how are you going to ensure that your financial freedom will continue through your retirement years?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to scholarship approval, I understand that false or misleading information in my application or interview may result in the forfeiture of my application and associated funds.

Signature: _____ Date: _____

Last 4 of SSN:_____