



**City of Baltimore  
Retirement Savings Plan  
Deferred Compensation  
Plan**

## 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 2025-2026 school year. YES ☐ NO ☐

I understand a check payable to the institution will be mailed directly to the institution during the Fall of 2025. 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: \_\_\_\_\_

### 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?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## 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: