APPLICATION FORM

SCHOLARSHIP



Full Legal Na	me						
Date Of Birth	D D	M M Y	Y	Phone			
Full Address							
E-Mail							
Scholarshij	os you are a	pplying to (se	elect one):	Acc	ademic GPA		
	_	-Star Senior (\$1					
	d Hispanic Sch						
	Lean Muscle			List	: your major:		
Maryland	d Hispanic Ha	nds-On Expert	(\$1000)				
Maryland	d Community	Development ((\$1,000)				
The Sylv	ia Castañeda	Scholarship (\$1	,000)				
List School	Activities/C	Offices held (n	ot sports)				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
Tell us abo	out your con	nmunity servic	ce/volunte	er services	outside the so	chool (short ans	wer)
List uour Sch	ool Communitu	Awards and Ho	nors (CSF. GS	SE. National Ho	onor's Societu. Bo	y/Girl Scouts, 4 H, (etc.)
						<i>y.</i> ,	
			of employer,	position held	, responsibilities,	length of employn	nent
(You may en	nail a resume i	r necessary)					
						ge to <u>info@mdhco</u> d with on the subj	
line whe		ur application a	and docum	ents (examp	le:Subject:Scho	larship applicatio	n -
	Signatur	e	F	rinted name		Date	