

CORY V. MCCRAY  
Legislative District 45  
Baltimore City

Environment and Transportation  
Committee

Housing and Real  
Property Subcommittee  
Land Use and Ethics Subcommittee



The Maryland House of Delegates  
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THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

**DISTRICT 45 Delegate SCHOLARSHIP APPLICATION FORM**

Instructions **Application Deadline: April 13, 2018**

1. Submit completed application, 500 word essay, voter registration card, School Transcript and a State of Maryland ID card to the office of Delegate via email: [cory.mccray@house.state.md.us](mailto:cory.mccray@house.state.md.us) Cc: [twinkler@house.state.md.us](mailto:twinkler@house.state.md.us) Subject: **First last Name and Scholarship 2018/2019**
2. If this form is incomplete, inaccurate, not signed, or does not include the essay, it will not be considered. If you have not completed and signed the Free Application for Federal Student Aid (FAFSA), your application will be disqualified by the Maryland Higher Education.
3. Commission (MHEC). The Scholarship Committee is not permitted to review disqualified applications.
4. **Please certify that you are a registered voter in District 45 (if eligible) you can register to vote at 16.**
5. Your partisan preferences are completely irrelevant to us, but you must have participated in the state electoral process.
6. The Delegate McCray Scholarship Committee is a non-partisan review panel that focuses on student need, academic performance, and community and civic participation (volunteerism and voting). To be eligible, students must live in Baltimore 45<sup>th</sup> District.

Personal Information		
Student's Name:	Last Four SS#:	DOB:
Home Address:		
City:	State:	Zip:
Home Phone:	Student Cell Phone:	
MHEC 10#:	Student E-mail:	
Academic Information		
Name of College or University:		
Semester Applying for [Fall/Spring]	Full Time / Part-Time Student: _____	
Declared (or Intended) Major:	_____	
Essay Requirement		
In a separate PDF, with your name, please submit a 500 word essay, In it, tell us about yourself, your community involvement, what inspires you, and how this scholarship would help you towards your further goals.		
Please initial the following: _____ I certify that I am a registered voter in District 45, I hereby release to the Delegate Scholarship Committee, access to my voting history		
Signature: _____	Date: _____	

Office use only:

Date Application Received: