



Maryland Classified Employees Association, inc.

Wallace F. Smith Memorial Scholarship Application

Each year the Maryland Classified Employees Association, Inc. awards its Wallace F. Smith Memorial Scholarship to individuals seeking admission to, or attending, an accredited school of higher learning who have a financial need, have set high goals, and have attained scholastic achievement. MCEA's Wallace F. Smith Memorial Scholarship Committee will award a scholarship to one individual representing each of the Association's five geographical areas.

Qualifications for applying for the 2005 Wallace F. Smith Memorial Scholarship

- A. Must be a member of the Maryland Classified Employees Association, or a spouse or legal dependent of an MCEA member.
- B. Must be seeking a college education beyond the high school level.
- C. Must meet the eligibility requirements for the school of his/her choice.
- D. Must be seeking admission to, or attending, an accredited community college, four-year college or university, or other accredited institution of higher learning.
- E. Must be a citizen of the United States of America.
- F. Must not have received an award within the last two years from MCEA.

APPLICANT TO BE JUDGED ON THE FOLLOWING CRITERIA:

- A. Scholastic Achievement B. Financial Need C. Goals D. Essay E. References

ATTACH COPIES OF THE FOLLOWING:

- 1. Proof of acceptance from college or university.
- 2. Transcript of grades (high school and/or college).
- 3. Non-returnable, current photograph.
- 4. Two (2) letters of reference from non-family members.
- 5. A typed essay stating why you feel you should be awarded this scholarship.

UPON COMPLETION, FORWARD APPLICATION BY APRIL 29, 2005 TO:

Maryland Classified Employees Association, Inc.
Wallace F. Smith Memorial Scholarship Committee
7127 Rutherford Road
Baltimore, Maryland 21244-2763
410-298-8800 1-888-611-MCEA, ext. 204

Mark on the envelope: "Personal - to be opened by
the Wallace F. Smith Scholarship Committee members only."

Please review the guidelines before completing this application and print or type all applicable sections. In sections that are not applicable, please mark, "N/A."

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Section A: Information about applicant. (Must be completed by all applicants.)

1. Name of applicant: _____
2. Social Security no.: _____ - _____ - _____
3. MCEA chapter no. : _____ Area: _____ (if applicable)
4. Permanent address: _____ City/State _____ ZIP _____
5. Telephone no.: Home: () _____ Work: () _____
6. Date of birth: ____/____/____
7. State of legal residence: _____
8. Are you a citizen of the United States of America? YES _____ NO _____
9. Occupation: _____ Title: _____
10. Agency/Employer: _____
- Address: _____ City/State: _____ ZIP _____
- Telephone no.: () _____
11. No. of years employed at current place of employment: _____
12. Annual income from salaries,wages, tips, outside income, alimony, child support, etc. \$ _____
13. Marital status: _____ 14. No. and ages of dependents: _____
15. Name and location of last school attended: _____
- _____
16. Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
17. Did you graduate from high school? YES _____ NO _____
18. If you did not graduate from high school, have you passed examinations and received
a high school equivalency certificate from the State of Maryland or any other state? YES _____ NO _____
- If YES, give name of state: _____ Year awarded: _____
19. List name and location of any college or university which you have attended or are now attending:
- | <u>Name</u> | <u>Location</u> | <u>Dates attended</u> |
|-------------|-----------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
20. If the applicant has received a degree, give type of degree and date received: _____
- _____
21. If the applicant has not received a degree, give number of credit hours completed: _____

Section B: Information about member

1. Name of member: _____
2. Social Security no.: _____ - _____ - _____
3. MCEA chapter no.: _____ Area: _____
4. Permanent address: _____ City/State _____ ZIP _____
5. Telephone no.: Home: () _____ Work: () _____
6. Date of birth: ____ / ____ / ____ 7. State of legal residence: _____
8. Are you a citizen of the United States? YES _____ NO _____
9. Occupation: _____ Title: _____
10. Agency/Employer: _____
Address: _____ City/State: _____ ZIP _____
Telephone #: () _____
11. No. of years employed at current place of employment: _____
12. Annual income from salaries,wages, tips, outside income, alimony, child support, etc. \$ _____
13. Marital status: _____ 14. No. and ages of dependents: _____
15. Relationship to applicant _____

Section C: Information about applicant's spouse, parent, or legal guardian

Indicate whether this financial information applies to the applicant's: Spouse Parent Legal guardian

If the member is a parent of the applicant, and another parent resides in the household and/or provides the applicant financial support, you must complete this section for the second parent.

1. Name: _____
2. Address: _____
City/State: _____
Telephone no.: _____ - _____
4. Marital status: _____
5. Occupation: _____
Title: _____
6. Agency/Employer: _____
Address: _____
City/State: _____
Telephone no.: _____ - _____
7. No. of years at current place of employment _____
8. Annual income from salaries,wages, tips, outside income, alimony, child support, etc. \$ _____
9. No. and ages of dependents: _____

10. Has household experienced any unusual medical expenses, losses, etc. during the past year that were not covered by insurances? YES ____ NO ____

If YES, please explain here: _____

11. Is applicant receiving any other financial aid? YES ____ NO ____ If YES, list source and amount:

Source:

Amount:

_____	\$ _____
_____	_____
_____	_____
_____	_____
	Total: \$ _____

**Applications not postmarked by APRIL 29, 2005
or not completed will not be considered for this award.**

I hereby affirm that this application contains no willful misrepresentations or falsifications, and that this information given by me is true and complete to the best of my knowledge and belief.

Signature of applicant Date

Signature of MCEA member Date