

Glenn R. Munch Scholarship Application

2019

**Please type or print clearly:**

# **Student Information**

**Full Name**

 Last First Middle

**Address**

 Number and Street

 City State Zip

**Telephone**

 Home Cell

Date of Birth Social Security Number

## Parent/Guardian Information

Name

Address (if different from above)

Telephone

 Day Evening

## List Sibling Information

Names Age Grade



### High School Information

School

Maryland County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Telephone Number

Counselor’s Name

List organizations/activities in which you are currently involved.

School Organizations/Activities

Community Organizations/Activities

Other

If you work, please identify where you work and your responsibilities at your place of employment

Please list all schools (colleges, universities and/or technical schools) you have applied to and identify which schools have sent you a letter of acceptance.

School Letter of Acceptance?

Have you been offered other scholarships or grants?

If yes, please list each:

What is your expected major or program focus?

Essay

On a separate sheet of paper, write an essay on the topic, **“My Gift of Service**”. Your essay should address your community service activities (including those on the state or national level), services and activities that you have organized or participate in to support others or your efforts within your community, religious organizations, and/or school, etc. Your essay will be evaluated on the type and level of service, language mechanics, coherence, unity, clarity of expression and appearance.

**YOUR ESSAY MUST BE ONE TYPED PAGE.**

In a sealed envelope, please provide two letters of reference. The Pupil Personnel Worker assigned to your high school **must** write one letter. A teacher, counselor, minister, employer or any responsible adult other than a relative can write the other letter.

Please be advised that names and pictures of recipients of the MAPP scholarship may be used in future publications/communications (PPW directory, local newspapers, BOE presentations, MAPP conferences etc.). Your signature below indicates your acknowledgement and approval of this.

The following signatures are required for application consideration:

Submitted By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT / GUARDIAN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PUPIL PERSONNEL WORKER

**COMPLETE APPLICATION MUST BE POSTMARKED BY**

**March 15, 2019.**

**Pupil Personnel Worker Only:**

**Your signature above verifies that this student is on track to graduate in 2019.**

Are you a member of MAPP? Yes\_\_\_\_\_ No\_\_\_\_\_

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Date received by local Screening Committee

Date received by MAPP Scholarship Committee