

**AARP SUITLAND, MARYLAND CHAPTER # 939**

**ACADEMIC YEAR 2023-2024**

 **SCHOLARSHIP PROGRAM APPLICATION**

**Section I**

**Note: Applications must be printed. Application and required documents must be received by April 30, 2024. A photograph is required and will not be returned. A Photograph Release Form is included with the application that should be signed and returned with the application package.**

**A. Name of AARP Suitland, Maryland Chapter #939 Member/Sponsor and relationship to applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***AARP Member/Sponsor must have paid membership dues to the AARP Suitland Maryland Chapter #939 for 2024.***

**B. Applicant’s Name and Address:**

**LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_**

**Home Address: (No P.O. Box)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C. Education:**

**Name of High School:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Counselor and Telephone Number**:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D. Name and Address of Accredited College/University/Vocational School that you plan to attend in the fall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan Major/Course of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you been accepted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If so, please include a copy of the acceptance letter.**

**Section II**

**Extracurricular Activities and/or Community Service**

**On a separate sheet of paper, list all extracurricular activities and your level of involvement in those activities (member, president, vice president, etc.) and any community service involvement. The *PGCPS Student Service-Learning Verification Form* will be accepted.**

**E. ESSAY: Write a two-page double-spaced Essay typed in size 12 font on one (1) of the following topics:**

1. **What part can you play in helping to put a stop to teen violence in your school/community?**
2. **. What were some of your biggest challenges as a high school student and how did you overcome them?**
3. **Identify a Community Service activity that was meaningful to you. What did the experience show you about yourself?**

**F. List Parent(s)/Guardian(s) Information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**G. AGREEMENT:**

**All information provided in this application is confidential and will not be provided to anyone other than members of the Scholarship Committee.**

**Applicant and parent/guardian are willing to be interviewed by phone or in person by the Scholarship Selection Committee. By signing below, the applicant agrees to accept the decision of the Scholarship Committee regarding this Scholarship application. This application becomes the property of AARP Suitland, Maryland Chapter #939, and will not be returned to the applicant.**

**H. SIGNATURES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian Date**

**Application Checklist**

1. **Application \_\_\_\_\_\_ (must be completed with required signatures)**
2. **Official Transcript \_\_\_\_\_\_**
3. **Essay (Not AI Generated) \_\_\_\_\_**
4. **Artificial Intelligence (AI) Honor Pledge**
5. **Signed Letter(s) of Reference \_\_\_\_\_**
6. **College/University/Vocational School Acceptance Letter(s) \_\_\_\_\_**
7. **Photograph with signed release form \_\_\_\_\_ (Please print name on the back of the photograph. The photograph will not be returned)**

***Note: Applications can be submitted online or by mail.***

* **Mailing Address:**

Sharon Calhoun, Chairperson

Scholarship Committee

AARP Suitland, Maryland Chapter #939

P. O. Box 471465

District Heights, MD 20753

* **Website:** [**www.aarp939.org**](http://www.aarp939.org)