

Application Procedures  
For District 24 Senatorial Scholarships

## GENERAL INFORMATION

The Senator Joanne C. Benson Scholarship Committee has been established to select awardees for the 2026-2027 academic year. The application procedure requires the submission of the completed application form and required documents.

**IMPORTANT: ONLY COMPLETE APPLICATIONS WILL BE REVIEWED**

**IF YOU RECEIVED A SENATORIAL SCHOLARSHIP LAST YEAR, YOU DO NOT HAVE TO RE-APPLY. YOUR SCHOLARSHIP IS GOOD FOR UP TO 8 SEMESTERS, AS LONG AS YOU ARE IN GOOD STANDING AT YOUR COLLEGE OR UNIVERSITY.**

**IF YOU MISS THE DEADLINE, YOU MUST RE-APPLY IN JANUARY 2027.**

## ELIGIBILITY REQUIREMENTS

- Residence in District 24; parental residence if you are a dependent student.
- Admission to a Maryland College or University, unless “Unique Major” status has been granted\*.
- Financial Need – Student Aid Report which is generated from your FAFSA. **FAFSA’s must be filed by March 1, 2026.**
- Community Service
- Unique Major – If your program of study does not qualify as a “unique major”, as determined by the Maryland Higher Education Commission, Office of Student Financial Assistance, we cannot make an award for an out-of-state school.

## REQUIRED DOCUMENTS

- Signed and completed 2026-2027 Scholarship Application
- Academic Records (official documents):
  - High School student and college applicants – most recent transcript
  - High School Students -Test Scores – SAT/ACT
  - Student Aid Report (SAR) based on your FAFSA
  - Essay (300-400 words) (see last page of application)

*Note:* Please print your name and provide the **last 4 digits of your Social Security number** on each supplemental page.

## DEADLINE AND MAILING ADDRESS

**Completed applications and supporting materials must be **postmarked by Monday, June 15, 2026** and mailed or emailed to:**

Senator Joanne C. Benson Scholarship  
James Senate Office Building,  
11 Bladen Street, Suite 201  
Annapolis, Maryland 21401-1991  
Email: [cbingham@senate.maryland.gov](mailto:cbingham@senate.maryland.gov)

Senatorial Scholarship Application  
**Senator Joanne C. Benson**

Annapolis Office Phone: (410) 841-3148

Please complete the following form and return to Senator Joanne C. Benson at:  
James Senate Office Building, 11 Bladen Street, Room 201, Annapolis, MD 21401-1991 by **June 15, 2026**

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Name of Applicant \_\_\_\_\_

Sex  F  M Social Security Number (**last 4 digits**) \_\_\_\_\_ Date of Birth   /  /  

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Home Address \_\_\_\_\_  
**(include city/state)**

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Email address** \_\_\_\_\_

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**PERSONAL INFORMATION**

Father (Guardian) Name \_\_\_\_\_

Mother (Guardian) Name \_\_\_\_\_

Father (Guardian) Occupation & Employer \_\_\_\_\_

Mother (Guardian) Occupation & Employer \_\_\_\_\_

Your Martial Status  Married  Divorced  Single

Do you have any dependents Yes  No  If yes, how many? \_\_\_\_\_

Do your parents have additional dependents Yes  No  If yes, how many? \_\_\_\_\_

College Attendance Plans

Full-time Student

Part-time Student

Undergraduate

Graduate

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Name of School you will attend \_\_\_\_\_

City and State of School \_\_\_\_\_

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**FINANCIAL INFORMATION**

Total Family Income in 2025 (Salaries, Interest, Dividends as reported to IRS): \$ \_\_\_\_\_

**Student Funds Available**

Scholarships:	\$ _____	Full-time job:	\$ _____
Savings:	\$ _____	Part-time job:	\$ _____
Loans:	\$ _____	Other:	\$ _____

**ACADEMIC INFORMATION**

Name of High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Current G.P.A.: \_\_\_\_\_ Class Rank: \_\_\_\_\_ Out of: \_\_\_\_\_

**Extracurricular Activities, Community Service (use additional page if necessary)**

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**Intended Major/Career Goals**

PLEASE ENCLOSE A 300-400 WORD ESSAY EXPLAINING HOW THIS SCHOLARSHIP WILL HELP YOU ACHIEVE YOUR GOALS, A TRANSCRIPT OF YOUR GRADES, STUDENT AID REPORT (SAR) AND ANY OTHER HELPFUL INFORMATION.

**CERTIFICATION:** All information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the above information. I realize this proof may include a copy of U.S., state or local income tax returns. I agree that if I do not furnish proof of the above information upon request, student aid may not be received.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE (if under age 18 years)