

**BRYAN W. SIMONAIRE**  
*Legislative District 31*  
Anne Arundel County

Education, Health, and  
Environmental Affairs Committee

Joint Committee on the Chesapeake and  
Atlantic Coastal Bays Critical Area



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*The Senate of Maryland*  
ANNAPOLIS, MARYLAND 21401

Dear Student:

Thank you for considering the continuation of your education in the State of Maryland. Whether you have lived here your entire life or are a more recent resident, our higher education system is second to none!

Attached is the Senatorial Scholarship Questionnaire. The Scholarships are competitive and provided to residents who plan to attend Maryland schools. If, however, you have a "unique major," (i.e., a program of study not offered in Maryland), you may also qualify for a Senatorial Scholarship. Contact the Maryland Higher Education Commission at 1-800-974-0203 if you have questions about whether or not a program qualifies for unique major status. Please remember you must take a minimum of 6 credit hours per semester to qualify for a Senatorial Scholarship.

Completely fill out the application and attach a copy of your SAR (Federal Student Aid Report), a most recent transcript (*transcripts may be copies without the official seal*) and one letter of recommendation and return it to my office by **April 6, 2018** (faxes will not be accepted). Please contact my office at 410-841-3658 if you have any questions.

Your completed application will be reviewed and recommendations will be based on need, academic qualifications, school and community involvement, and any special exceptions. I would like to grant all applicants an award, but senatorial funds are limited. If you do not receive an award this year, please feel free to apply again next year. **NOTE: If you currently are a recipient of a Senatorial Scholarship you do not need to submit this application again. Senatorial Scholarships are automatically renewed for up to 4 years.**

I wish you the best, not only in your academic or vocational career, but in all you pursue.

Sincerely,

A handwritten signature in blue ink that reads "Bryan".

Senator Bryan W. Simonaire



**Senator Bryan W. Simonaire  
Senatorial Scholarship Questionnaire  
2018-2019**

*(Please print clearly)*

**Name** \_\_\_\_\_  
*(Last) (First) (M.I.)*

**Social Security #** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_ **Number of Children** \_\_\_\_\_  
*(if applicable) (if applicable)*

**Home Telephone#** \_\_\_\_\_ **Home E-Mail Address** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
*(Number & Street)*  
\_\_\_\_\_  
*(City, State & Zip)*

**Current School** \_\_\_\_\_

**School Next Year** \_\_\_\_\_

**Full or Part Time Student '18-19** \_\_\_\_\_ **#of Credit Hours '18-19** \_\_\_\_\_

**Degree Pursuing** \_\_\_\_\_ **Major** \_\_\_\_\_

**Current Employer** *(if applicable)* \_\_\_\_\_

**# Of Hours Working/Week** \_\_\_\_\_ **2017 Gross Income** \_\_\_\_\_

**Will you work during the '18-19 School Year?** \_\_\_\_\_

List ALL loans, grants, and other financial aid you have been awarded for the present year and/or expect to be awarded for the coming school year.  
(For example: Bell Atlantic Scholarship \$1,500 annually)

**PLEASE BE SPECIFIC**

Present School Year '17-18 \_\_\_\_\_

\_\_\_\_\_

Coming School Year '18-19 \_\_\_\_\_

\_\_\_\_\_

**Extra-Curricular Activities**  
(List hours/week, honors, offices held, etc)

**PLEASE BE SPECIFIC**

School \_\_\_\_\_

\_\_\_\_\_

Community/Church \_\_\_\_\_

\_\_\_\_\_

Other/Home \_\_\_\_\_

\_\_\_\_\_

If there are any special circumstances of which the Scholarship Committee should be aware,

please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you have any questions, you may contact my office at (410) 841-3658. Please return this questionnaire with the **required attachments** to:*

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