



**Senator Bryan W. Simonaire  
Senatorial Scholarship Questionnaire  
2017-2018**

*(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 '16-17** \_\_\_\_\_ **#of Credit Hours '16-17** \_\_\_\_\_

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

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

**# Of Hours Working/Week** \_\_\_\_\_ **2015 Gross Income** \_\_\_\_\_

**Will you work during the '16-17 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 '15-16** \_\_\_\_\_

\_\_\_\_\_

**Coming School Year '16-17** \_\_\_\_\_

\_\_\_\_\_

**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 (letter of recommendation, unofficial copy of your transcript, and copy of your Student Aid Report (SAR)) to:*

**Senator Bryan W. Simonaire**  
James Senate Building, Room 320  
11 Bladen Street  
Annapolis, Maryland 21401