

PRINCE GEORGE'S COUNTY
OFFICE OF THE SHERIFF



Sheriff Melvin C. High
Scholarship Program
2018 Application Packet

*Nurturing Youth, Promoting Education,
Advancing Success!*



SHERIFF MELVIN C. HIGH 2018 SCHOLARSHIP PROGRAM
PRINCE GEORGE'S COUNTY OFFICE OF THE SHERIFF
5303 Chrysler Way, Upper Marlboro, MD 20772
301-780-8600

Scholarship Application Requirements

FOR AN APPLICATION TO BE CONSIDERED, YOU MUST:

1. Be accepted for admission to an accredited college or university.
2. Be a **resident**, living in Prince George's County, Maryland.
3. Be a high school graduating senior.
4. Have your high school guidance counselor document your high school grades on the application.
5. Provide a letter of recommendation from a member of your high school's faculty.
6. Complete and sign the application.
7. Write a one-page essay.
8. Submit application and letter of recommendation to the Office of the Sheriff by April 20, 2018.

DEADLINE: Applications must be received by Friday, April 20, 2018

Return completed application and letter of recommendation to the following address:

Prince George's County
Office of the Sheriff
5303 Chrysler Way
Upper Marlboro, Maryland 20772

or scan and e-mail your completed application to:
ncridgely@co.pg.md.us

For questions, or further information, please contact:
Captain Nancy Ridgely at 301-952-2808 or ncridgely@co.pg.md.us

SHERIFF MELVIN C. HIGH 2018 SCHOLARSHIP PROGRAM
PRINCE GEORGE'S COUNTY OFFICE OF THE SHERIFF
5303 Chrysler Way, Upper Marlboro, MD 20772
301-780-8600

SCHOLARSHIP APPLICATION

(Please answer all questions)

Name in Full _____ D.O.B. _____ Age _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone Number _____ Cellular Telephone _____

Email _____

PLEASE NOTE:

1. This application applies to **HIGH SCHOOL SENIORS** only.
2. Four \$1,000 scholarships will be awarded for four-year college/universities and / or two-year colleges.
3. All applications **MUST** include the students G.P.A., documented by the guidance counselor and a Letter of Recommendation from a member of the high school faculty.
4. Return completed application **no later than APRIL 20, 2018** to the following address:

Prince George's County
Office of the Sheriff
5303 Chrysler Way
Upper Marlboro, Maryland 20772

or scan and e-mail your completed application to:
ncridgely@co.pg.md.us

SHERIFF MELVIN C. HIGH 2018 SCHOLARSHIP PROGRAM
PRINCE GEORGE'S COUNTY OFFICE OF THE SHERIFF
5303 Chrysler Way, Upper Marlboro, MD 20772
301-780-8600

SCHOLASTIC DATA:

High School Currently Attending:

SAT Scores: _____ ACT Score: _____
TOTAL Composite

Rank: _____ in Class of: _____ Grade Point Average: _____

RELEASE OF INFORMATION:

I authorize my school to provide information, including confidential transcripts of my grades, to the Scholarship Selection Committee.

Signature of applicant _____ Date _____

Signature of parent or guardian _____ Date _____

(If student is under 18 years old)

SHERIFF MELVIN C. HIGH 2018 SCHOLARSHIP PROGRAM
PRINCE GEORGE'S COUNTY OFFICE OF THE SHERIFF
5303 Chrysler Way, Upper Marlboro, MD 20772
301-780-8600

FAMILY DATA:

No. of Dependent Children in Family (including yourself): _____ Ages: _____

Family Income Range: Less than \$50,000 _____

\$50,000 to \$100,000 _____

Over \$100,000 _____

FUNDING:

Have you been awarded any other Scholarships? YES _____ NO _____

If YES, total amount: \$ _____

Other aid you expect to receive: _____

Have you applied for financial aid? YES _____ NO _____ Education Loans? YES _____ NO _____

If YES, what type? _____

Will you seek employment while a student? YES _____ NO _____ Full Time _____ Part Time _____

COLLEGE:

Name of College / University you plan to attend:

Curriculum Major:

PLEASE ANSWER ALL QUESTIONS

SHERIFF MELVIN C. HIGH 2018 SCHOLARSHIP PROGRAM
PRINCE GEORGE'S COUNTY OFFICE OF THE SHERIFF
5303 Chrysler Way, Upper Marlboro, MD 20772
301-780-8600

Extra-curricular activity:

Community Service:

SHERIFF MELVIN C. HIGH 2018 SCHOLARSHIP PROGRAM
PRINCE GEORGE'S COUNTY OFFICE OF THE SHERIFF
5303 Chrysler Way, Upper Marlboro, MD 20772
301-780-8600

Letter of Recommendation Form

(One recommendation MUST be from a member of the Faculty)

PLEASE PRINT OR TYPE

Name of Applicant _____

This section is to be completed by teacher making recommendation.

Name: _____ Position/Title: _____

Address: _____

Please include with your recommendation:

1. Capacity in which you have observed the applicant and length of time you have known him / her.

2. Your evaluation of applicant's past academic record, community service and extracurricular activity.

3. Your evaluation of applicant's college potential.

4. Any other information which would assist the Selection Committee.

Please attach separate blank sheets if additional information is desired.