

# PRINCE GEORGE'S COUNTY OFFICE OF THE SHERIFF



## Sheriff Melvin C. High Scholarship Program 2019 Application Packet

*A 501(c)3 Charitable Organization*

*Nurturing Youth, Promoting Education,  
Advancing Success!*



**SHERIFF MELVIN C. HIGH 2019 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 19, 2019.

**DEADLINE: Applications must be received by Friday, April 19, 2019**

**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](mailto:ncridgely@co.pg.md.us)

For questions, or further information, please contact:  
Nancy Ridgely at 301-780-6132 or [ncridgely@co.pg.md.us](mailto:ncridgely@co.pg.md.us)

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**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 19, 2019** 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](mailto:ncridgely@co.pg.md.us)

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**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)

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**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***

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**ESSAY QUESTION: (one page essay: 100 word minimum)**

How will a college education change your life and your future?

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Extra-curricular activity:

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Community Service:

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**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.**