

JOANNE C. BENSON  
Legislative District 24  
Prince George's County

MAJORITY WHIP

Budget and Taxation Committee

*Subcommittees*

Education, Business, and Administration

Pensions

Chair, Procurement

*Joint Committees*

Audit and Evaluation Committee

Children, Youth, and Families

Ending Homelessness

Fair Practices and  
State Personnel Oversight



## THE SENATE OF MARYLAND ANNAPOLIS, MARYLAND 21401

James Senate Office Building  
11 Bladen Street, Room 201  
Annapolis, Maryland 21401  
410-841-3148  
800-492-7122 Ext. 3148  
Joanne.Benson@senate.state.md.us

Application Procedures  
For District 24 Senatorial Scholarships

### GENERAL INFORMATION

The Senator Joanne C. Benson Scholarship Committee has been established to select awardees for the 2025-2026 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 2026.**

### 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, 2025.**
- 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 2025-2026 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, July 27<sup>th</sup>, 2025****  
**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.state.md.us](mailto:CBingham@senate.state.md.us)

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 **July 27, 2025**

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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 2024 (Salaries, Interest, Dividends as reported to IRS): \$ \_\_\_\_\_

Student Funds Available

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

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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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)