



## Secretaries and Assistants Association of Anne Arundel County

### 2019-2020 DOROTHY HOFFMAN MEMORIAL SCHOLARSHIP

#### **Qualifications:**

1. The applicant **must be the child, dependent, or grandchild of an active dues paying member of SAAAAC.**
2. The applicant must provide an **official high school transcript**, including first semester grades of their senior year, in a sealed envelope.
3. The applicant **must be a high school senior who plans to continue his/her education as a full time student at an accredited college or university.**
4. The applicant must submit an essay, giving a brief biography and stating why he/she has chosen his/her course of study or career path.
5. The applicant **must submit at least one but no more than three (3)** letters of recommendation:
  - **One** letter from a counselor;
  - **One** letter from an administrator or teacher;
  - **One** letter from someone other than a member of the applicant's family.The letters should contain the following information: Description of the student's activities [school and community], leadership skills, attendance, and description of personal traits, character, initiative, family life and financial need.
6. The applicant **must complete the application form attached.**
7. The **sponsoring member of the scholarship recipient(s) must remain an active dues paying member for the duration of the scholarship.**

#### **General Information:**

The winners will be chosen by a committee of judges and will be notified in May 2020. Two scholarships will be awarded in the amount of \$1000 each. *A check will be made payable jointly to the recipient and to the college or university and will be processed when the SAAAAC Treasurer receives a copy of the letter of acceptance from the college or university or a copy of the tuition bill.*

**All documents (including the high school transcript in a sealed envelope) must be postmarked no later than **Friday, April 3 2020** AND must be received by the Chairperson by **Monday, April 6, 2020**. **Do not mail applications directly to SAAAAC.** **Failure to follow these specific directions will result in disqualification. NO EXCEPTIONS WILL BE MADE.****

Mail the Scholarship Application and the supporting documents, including your high school transcript, (in a sealed envelope) with letters of recommendation to:

SAAAAC Scholarship Liaison- Debbie Schaefer  
Severna Park Middle School  
450 Jumpers Hole Road  
Severna Park, MD 21146

**Watch The Deadline!**

**Secretaries and Assistants Association of Anne Arundel County (SAAAAC)  
DOROTHY HOFFMAN MEMORIAL 2019-2020 SCHOLARSHIP APPLICATION**

The Scholarship Program is available to students who wish to continue their education as a full time student. The Scholarship is based on academic record, leadership skills, character, initiative and financial need. The applicant must be a child, dependent or grandchild of a member in good standing of the Association.

Student Name: \_\_\_\_\_  
First
Middle
Last

Address: \_\_\_\_\_  
City
State
Zip Code

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  M  F

Name of High School: \_\_\_\_\_

Date of Graduation: \_\_\_\_/\_\_\_\_/2020 Date and time of Awards Assembly: \_\_\_\_/\_\_\_\_/2020 \_\_\_\_\_  
Time

List colleges, universities, and/or business schools to which you have applied for admission.

<u>Name of Institution</u>	<u>Address</u>
1. _____	_____
2. _____	_____
3. _____	_____

Estimated School Expenses for Next Year:

Tuition:\_\_\_\_\_ Books:\_\_\_\_\_ Room/Board:\_\_\_\_\_ Other:\_\_\_\_\_ TOTAL:\_\_\_\_\_

Have you been accepted:  Yes  No

Have you received any other scholarship(s) or financial aid?  Yes  No

If yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list school extra-curricular activities. Include athletics, music, any offices held:

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

List any academic awards or honors received:

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

**BIOGRAPHICAL INFORMATION:**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Step-Parent/Guardian's Name: \_\_\_\_\_  
Indicate if any are deceased.]

Parent(s) Occupation: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Household Annual Income: \$ \_\_\_\_\_

Is either parent a veteran?  Yes  No What branch of service? \_\_\_\_\_

If either parent is currently in the military, give rank: \_\_\_\_\_

Brothers/Sisters living at home	Age	Brothers/Sisters in college	what year?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your career plans: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the applicant, certify the above information is true and correct to the best of my knowledge, belief and ability.

Date: \_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_  
Signature of SAAAAC Sponsor

\_\_\_\_\_  
Job Title/Position/Location of Sponsor

\_\_\_\_\_  
Relationship of Applicant to Sponsor