



Secretaries and Assistants Association of Anne Arundel County

2020-2021 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 2021. 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 2, 2021 AND must be received by the Chairperson by **Monday, April 5, 2021**. **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 2020-2021 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
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Home Phone #: _____ Cell Phone #: _____

Date of Birth: / / Place of Birth: ☐M ☐F

Name of High School: _____

Date of Graduation: ____/____/2021 Date and time of Awards Assembly: ____/____/2021 ____
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:
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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