



MAPP Service Scholarship Application 2025

Please type or print clearly:

Student Information

Full Name _____
Last First Middle

Address _____
Number and Street
_____ City State Zip

Telephone _____
Home Cell

Date of Birth _____ Social Security Number _____

Parent/Guardian Information

Name _____

Address (if different from above) _____

Telephone _____
Day Evening

List Sibling Information

Names	Age	Grade

High School Information

School _____

Maryland County _____

Address _____

Telephone Number _____

Counselor's Name _____

List organizations/activities in which you are currently involved.

School Organizations/Activities _____

Community Organizations/Activities _____

Other _____

If you work, please identify where you work and your responsibilities at your place of employment

Please list all schools (colleges, universities and/or technical schools) you have applied to and identify which schools have sent you a letter of acceptance.

School	Letter of Acceptance?
_____	_____
_____	_____
_____	_____

Have you been offered other scholarships or grants? _____

If yes, please list each:

What is your expected major or program focus? _____

Essay

On a separate sheet of paper, write an essay on the topic, “**My Gift of Service**”. Your essay should address your community service activities (including those on the state or national level), services and activities that you have organized or participate in to support others or your efforts within your community, religious organizations, and/or school, etc. Your essay will be evaluated on the type and level of service, language mechanics, coherence, unity, clarity of expression and appearance.

YOUR ESSAY MUST BE ONE TYPED PAGE.

In a sealed envelope, please provide two letters of reference. The Pupil Personnel Worker assigned to your high school **must** write one letter. A teacher, counselor, minister, employer or any responsible adult other than a relative can write the other letter.

Please be advised that names and pictures of recipients of the MAPP scholarship may be used in future publications/communications (PPW directory, local newspapers, BOE presentations, MAPP conferences etc.). Your signature below indicates your acknowledgement and approval of this.

The following signatures are required for application consideration:

Submitted By:

APPLICANT

PARENT / GUARDIAN

PUPIL PERSONNEL WORKER

**COMPLETE APPLICATION MUST BE POSTMARKED BY
April 4, 2025.**

Pupil Personnel Worker Only:

Your signature above verifies that this student is on track to graduate in 2025.

Are you a member of MAPP? Yes _____

No _____

Date received by local Screening Committee

Date received by MAPP Scholarship Committee

Submit Applications to:

Maryland Association of Pupil Personnel
P.O. Box 753
Arnold MD 21012

OR

themappassociation@gmail.com