

Maryland Association of Pupil Personnel Scholarship Application 2026

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 _____

Parent/Guardian Information

Name _____

Address (if different from above) _____

Telephone _____
Day Evening

List Sibling Information

Names _____ Age _____ Grade _____
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.
.
.
.

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?
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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, “**An Obstacle that I Overcame**”. Your essay should include a challenge that you faced and how you worked hard to successfully overcome that difficulty. Your essay will be evaluated on your story, 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

By signing above, I acknowledge that this student is graduating in 2026.

**COMPLETE APPLICATION MUST BE POSTMARKED BY
April 24, 2026.**

Date received by MAPP

Date received by MAPP Scholarship Committee

MAIL OR EMAIL APPLICATION TO:

**Maryland Association of Pupil Personnel
P.O. BOX 753
Arnold, MD 21012**

OR

themappassociation@gmail.com

