



# Maryland Association of Pupil Personnel MAPP Service Scholarship Award Application 2024

**Please type or print clearly:**

## **Student Information:**

Full Name: \_\_\_\_\_  
                            Last  First  Middle

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## **Parent/Guardian Information:**

Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_

## **List Sibling Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**High School Information:**

School: \_\_\_\_\_

Maryland County: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

**List organizations/activities in which you are currently involved:**

1. School Organizations/Activities:

2. Community Organizations/Activities:

3. 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**

**Recommendations:**

In a sealed envelope, please provide two letters of recommendation. 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 RECEIVED BY: APRIL 12<sup>th</sup> 2024.**

Please mail or email applications to: Maryland Association Pupil Personnel  
PO BOX 753  
Arnold, MD 21012

OR

Email: [themappassociation@gmail.com](mailto:themappassociation@gmail.com)

**Pupil Personnel Worker Only:**

Your signature above verifies that this student is on track to graduate in 2024.

Are you a member of MAPP?

Yes \_\_\_\_\_

No \_\_\_\_\_

Date received by MAPP: