



## APPLICATION FOR EDUCATION SUPPORT PROFESSIONALS OF BALTIMORE COUNTY (ESPBC) SCHOLARSHIP

### Applicant

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Soc. Sec. # (last 4 digits) \_\_\_\_\_

### ESPBC Member

Name \_\_\_\_\_ School/Office \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Membership Status: \_\_\_\_\_ Active \_\_\_\_\_ Retired \_\_\_\_\_ # years as member

### Financial Information

**Applicant** – **Employed** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**  
**Married** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Income: Weekly \_\_\_\_\_ Yearly \_\_\_\_\_

### Legal Guardian/Spouse

**#1 Employer** \_\_\_\_\_

Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Income: Weekly \_\_\_\_\_ Yearly \_\_\_\_\_

**#2 Employer** \_\_\_\_\_

Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Income: Weekly \_\_\_\_\_ Yearly \_\_\_\_\_

Other sources of income (please list):

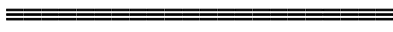
\_\_\_\_\_

**Educational Information**

Status: High School Senior \_\_\_\_\_  
College – Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

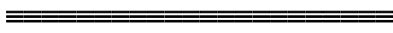
Currently Attending \_\_\_\_\_

College Major (intended or current) \_\_\_\_\_



\_\_\_\_\_ Date \_\_\_\_\_  
ESPBC Member's Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature



**☛ Please return the completed application along with one (1) formal letter of interest, two (2) character references, and three (3) academic references to ESPBC by March 31, 2024. Please have the high school or college you are attending forward an OFFICIAL copy of your transcript by March 31, 2024 to:**

***ESPBC Office  
Attn: ESPBC Scholarship Committee  
1220-CEast Joppa Road, Suite 514  
Towson, MD 21286***

***APPLY NOW!***

***(Deadline: March 31, 2024)***

