

**Cybersecurity Public Service
Scholarship Award
Institutional Verification Form
Academic Year 2018-2019**

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Section A - Student Information

Social Security Number: _____ - _____ - _____ Date of birth: ____/____/____

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip code: _____

Student Email: _____ Telephone #: _____

Award/Degree sought:

☐ Certificate ☐ Undergraduate ☐ Graduate Certificate ☐ Master's Degree ☐ Doctorate Degree

Section B - Institution Information (To be completed by the Register Office at the institution)

Institution: _____

Name of Person Completing the Form: _____

Email Address: _____ Telephone #: _____

Degree Program: _____

The # of credit hours completed to date in the degree program: _____

The # of credit hours remaining to complete in the degree program to satisfy graduation requirement: _____

Student Expected Graduation Date: _____

Section C. – Cybercorps Scholarship for Service Award Verification (To be completed by the Register Office at the institution)

An applicant for the Cybersecurity Public Service Scholarship award may be eligible for the award only if the applicant never received a Federal Cybercorps Scholarship for Service Award. Verification of whether the applicant has or has not received the award must be confirmed by the institution, **check (✓) as applicable below:**

- ☐ The applicant has received the Cybercorps Scholarship Award; or
☐ The applicant has **not** received or applied for the Cybercorps Scholarship Award

By signing this form I acknowledge that all information is accurate.

Signature of Student: _____

Date: _____

Signature of Institutional Register: _____

Date: _____

Please return the *completed* form to the applicant to be submitted with the application by **January 31, 2019.**