Maryland Higher Education Commission Office of Student Financial Assistance 6 N. Liberty Street, Ground Suite Baltimore, MD. 21201 (800) 974-0203; Fax (410) 332-0250 TTY for the Deaf - (800) 735-2258 www.mhec.state.md.us

Cybersecurity Public Service Scholarship Award Application Year 2018-2019

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A completed application will include this form and:

- An official college transcript from a public or private non-profit institution; and
- A completed copy of the separate **Institutional Verification Form** confirming:
 - The applicant has not received or applied for a Federal Cybercorps Scholarship for Service Award; and
 - The applicant is within 2 years of graduation in an approved cybersecurity program.

NOTE:

Applications will not be considered if received after the deadline of <u>January 31, 2019</u>. Be sure to CONFIRM you are forwarding a complete and official transcript. Photocopies or website print outs are not acceptable.

1.	Social Security Number: Da	te of birth:	//
2.	Last name: First name:		_ MI:
	Previous name under which records may be kept:		
3.	Permanent mailing address:		
	City:County: If under 24, are your parents at this address? □ Yes □ No	State:	Zip code:
4.	E-mail address:		_
5.	. Home telephone: () Work telephone: ()		_
6.	Are you eligible for in-state tuition? ☐ Yes ☐ No		
7.	Which Maryland college are you planning to attend for academic year 2018-20	19:	
8.	Do you intend to enroll full-time for the 2018-2019 academic year: ☐ Yes ☐	No (must enro	ll for at least 12 credits)
9.	What is your current degree program?		
10.	Certification and Authorization for release of information: By my signature below, (1) I affirm that the information contained in my application is accurate; and (2) I authorize MHEC, my student loan servicer(s), and my institution of higher education to disclose and receive my personally identifiable information solely for the purposes of verifying my eligibility for the scholarship and administering the scholarship. I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release the information. This release is a one-time release only for the purposes stated above.		
I	UNDERSTAND AND AGREE THAT ALL AWARDS ARE SUBJECT TO	THE AVAILA	ABILITY OF FUNDS.
Student Signature:		Date	::