



# GRADUATE AND PROFESSIONAL SCHOLARSHIP APPLICATION

Academic Year 2024-2025

Maryland State Residents Only

## Instructions

**Complete all sections, sign and return the application to the Financial Aid Office**

Applicants for the Graduate and Professional Scholarship program must be United States citizens whose permanent state of residence is Maryland.

Applicants must be enrolled as a full-time medical student at The Johns Hopkins University School of Medicine and have a completed financial aid application (FAFSA) on file at time of application.

### Section A – Personal Information

1. Last name: \_\_\_\_\_ First name: \_\_\_\_\_
2. Year in School \_\_\_\_\_
3. Permanent mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Alternate phone: (\_\_\_\_) \_\_\_\_\_
4. Date your Maryland residency began: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Do you have a valid driver's license?  No  Yes  
State: \_\_\_\_\_ License number: \_\_\_\_\_
6. Parent's state of legal residence: \_\_\_\_\_ Date their residency began: \_\_\_\_/\_\_\_\_/\_\_\_\_
7. Have you ever received this scholarship?  No  Yes, Date of last award: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section B – Certification

\_\_\_\_\_ I certify that the information given on this form is true and complete to the best of my knowledge.

### Section C – Pledge

\_\_\_\_\_ I pledge, as a condition of receiving student financial assistance from the Maryland State Graduate Professional Scholarship Program, to remain drug free for the full term of the award. Unlawful use of drugs and alcohol may endanger my enrollment in a Maryland College as well as my Maryland financial aid award."

Signature \_\_\_\_\_

Date \_\_\_\_\_