



**UNIVERSITY OF MARYLAND M CLUB
LEONARD RODMAN
POST-GRADUATE SCHOLARSHIP APPLICATION
Deadline: March 1, 2010**

Please Return this application to:
M Club Foundation
2624 Comcast Center
Terrapin Trail
University of Maryland
College Park, MD 20742

Name Full Legal		Last Name (please print)	First Name	Middle Name	UMD ID Number:	
Permanent Address		Number/Street	City	State	Zip	
Home Phone Number:		Current e-mail address:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (Mo./Day/Year): ____/____/____
Undergraduate Degree Earned:			Graduation Date:	Major/Minor:		GPA:
Sport(s) Lettered:			Coaches:			
Graduate School:				<input type="checkbox"/> Applied <input type="checkbox"/> Accepted		Proposed Graduate Program:

Extracurricular Activities

Activity	Years Involved	Roles and Responsibilities

Essay

On a separate paper please answer the following in 500 words or less

Explain how you will utilize the M Club scholarship funds in seeking your graduate degree.	Describe how athletics at the University of Maryland contributed to your character and future goals.
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Financial Statement

Please complete the following information as thoroughly as possible since the Scholarship Selection Committee considers the applicant's financial situation an important element in determining scholarship awards.

Applicant's annual earnings for the present calendar year: \$ _____		Applicant's marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Single Parent	
If married:			
Spouse's name:	Occupation:	Spouse's annual income level:	Number of Dependents:
If Single:			
Number of brothers and sisters (under the age 18) living at home: _____		Including yourself, how many of your immediate family will be enrolled at either a community college, graduate school or a university next fall: _____	
Father's Name: _____ Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No Occupation (present or before retirement): _____ Employer: _____ Phone: _____ Father's annual income level: \$ _____		Mother's Name: _____ Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No Occupation (present or before retirement): _____ Employer: _____ Phone: _____ Mother's annual income level: \$ _____	