

# 2015 MD CD Scholarship

## Explanation of Awards and Eligibility Requirements

**For 2015, the Maryland DC Delaware Broadcasters Association will award three \$5,000 scholarships. The scholarships are defined below as the “MD CD Broadcasters Scholarship.”**

The “MD CD Broadcasters Scholarship” will be awarded to the child of a Commercial, Non-Commercial or Associate Member of MD CD. The parent must be an employee of a MD CD member company by February 20, 2015, and continue to be employed at the time of the award. One student from each region of MD CD (Maryland, DC, and Delaware) will be selected.

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Additional criteria that apply to the scholarships:

1. Applicant must be a high school senior entering a college or university on a full-time basis as a first-time freshman, or currently enrolled as a full-time student at a college or university.  
**Previously selected MD CD Scholarship Recipients are not eligible for the scholarship.**
2. Applicant must currently be no younger than 17 years and no older than 22 years.
3. Applicant must provide an official school transcript, three references and two letters of recommendation (family members are ineligible).
4. Applicants must provide an essay responding to the following question: “Describe your goals and aspirations for the future. How will you measure your success in achieving those aspirations and goals, and how will this scholarship help you achieve them?” Essay must be typewritten and contain a minimum of 500 words.
5. Completed application and additional required information must be returned to the Association office postmarked no later than **Friday, February 20, 2015.**
6. Scholarship winners are selected on a “blind” name identity basis by an outside party not affiliated with the Association. The name of each applicant is redacted by the MD CD staff before submission of applications to the outside party, thus assuring that the judges have no knowledge of the identity of the applicant.

All applicants will be acknowledged by e-mail in April 2015. Applications may be obtained at — [www.mdc d.com](http://www.mdc d.com). Upon confirmation of enrollment, payment will be made directly to the school. For additional information, call the Association office at 888-366-6323.

**Application Deadline is February 20, 2015**

# MARYLAND DC DELAWARE BROADCASTERS ASSOCIATION

## 2015 SCHOLARSHIP APPLICATION

### Personal Information:

Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Overall GPA \_\_\_\_\_ Class Rank # \_\_\_\_\_ out of # \_\_\_\_\_ in class.

Degree program or intended course of study \_\_\_\_\_

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

Name of Parents \_\_\_\_\_

Name of Parent Employed by MDCCD Member \_\_\_\_\_

Station/Company Name \_\_\_\_\_ Phone \_\_\_\_\_

How Long With Company \_\_\_\_\_ City \_\_\_\_\_

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Please list work experience beginning with current or most recent employment and include volunteer positions or internships.

Employer Name \_\_\_\_\_

Dates of Employment (from/to) \_\_\_\_\_

List Job Responsibilities \_\_\_\_\_

Employer Name \_\_\_\_\_

Dates of Employment (from/to) \_\_\_\_\_

List Job Responsibilities \_\_\_\_\_

Employer Name \_\_\_\_\_

Dates of Employment (from/to) \_\_\_\_\_

List Job Responsibilities \_\_\_\_\_

**MARYLAND DC DELAWARE BROADCASTERS ASSOCIATION**  
**2015 SCHOLARSHIP APPLICATION**

Please list and briefly describe any awards, honors or recognition you have received.

[illegible]

Please list extra-curricular activities you have been involved in, including leadership roles held.

[illegible]

# MARYLAND DC DELAWARE BROADCASTERS ASSOCIATION

## 2015 SCHOLARSHIP APPLICATION

### Applicant Authorization

I authorize the use of my scholarship application in the evaluation process of the Maryland DC Delaware Broadcasters Scholarship Award Program. I declare that, to the best of my knowledge, the information provided on this form is correct and complete. I also authorize the release of publicity about me if I am the recipient of the scholarship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Authorization

I, the parent of the scholarship applicant, declare that, to the best of my knowledge, the information provided on this form is correct and complete, and I certify that the information regarding my employment by a company that is a member of the Maryland DC Delaware Broadcasters Association is true and correct. I consent to the use of the information provided on this form in connection with the scholarship program and consent to the release of publicity about my child if my child is the recipient of the scholarship.

Signature Of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Make sure you have provided all the required information before mailing in your application package. The package should include the following items:

- Completed application
- Official school transcript
- Two letters of recommendation
- Three references
- Essay

**Please remember, scholarship application packages must be post marked by:  
Friday, February 20, 2015.**

Please send submissions to:

Maryland DC Delaware Broadcasters Association  
2015 Scholarship Award Program  
Post Office Box 342  
Raleigh, North Carolina 27602

Please call the Association office with any questions: (888) 366-6323

