



THE ASSOCIATION OF SCHOOL BUSINESS OFFICIALS

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MRS. MARGARET ELLEN KALMANOWICZ
Scholarship Chairman

January 15, 2016

Dear Sir/Madam

Allow me to introduce myself, I am the Supervisor of Transportation for the Board of Education of Queen Anne's County in Centreville, MD. I am also Chairman of the Scholarship Committee for MD/DC Association of School Business Officials (ASBO).

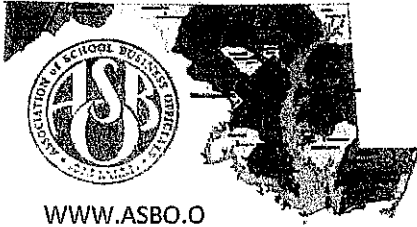
Enclosed please find applications and brochures describing the Dwight P. Jacobus Scholarship offered by our organization. Please distribute them to each of your high schools. Qualifications and deadlines are described in the brochure. Completed applications should be postmarked by March 1, 2016 and sent to me at the above address. Feel free to make additional copies of the application form as needed or direct students to the online application at www.asbo.org.

Please do not hesitate to contact my office at 410-758-2403 ext. 141 with any questions that you may have.

Respectfully,

Margaret Ellen Kalmanowicz
Chairman, Scholarship Committee

MEK/dlc



THE DWIGHT P. JACOBUS SCHOLARSHIPS
APPLICATION FORM
Margaret Ellen Kalmanowicz, Chair
ASBO-MD & DC Scholarship Committee
202 Chesterfield Avenue
Centreville, MD 21617

(Please type or print clearly)

Attach the following documentation with this application form:

- A. Current high school/college transcript
- B. Current income tax returns
- C. College acceptance letter
- D. 500-word typed essay
- E. SAT or ACT test results

PLEASE RETURN COMPLETED APPLICATION BY MARCH 1ST

1. **Name:** _____
 Last First M.I.

2. **Permanent mailing address:**

 Street

 City State Zip Code

3. **Telephone:** (____) _____

4. **Social Security No:**

5. **Major area of study:** _____

6. **Name of institution planning to attend:**

7. **Annual Tuition:** \$ _____

8. **SAT Scores:** Verbal _____ Math _____

ACT Scores: Verbal _____ Math _____

9. **Where** will you live next year?

 On campus
 Off campus

10. List all scholarships applied for:

_____	\$ Amount
Name	
_____	\$ Amount
Name	
_____	\$ Amount
Name	

11. List scholarships and any other financial support committed/received to date:

_____	\$ Amount
Name	
_____	\$ Amount
Name	
_____	\$ Amount
Name	

12. Father or Legal Guardian:

Name

Street Address

City State Zip Code

Occupation

Employer

PLEASE SEE REVERSE SIDE

