

**Jack F. Tolbert Memorial  
Student Grant Program  
2016-2017 Student Application**



Maryland Higher Education Commission  
Office of Student Financial Assistance  
6 N. Liberty Street, Ground Suite  
Baltimore, MD 21201  
Carl C. Brooks 410) 767-3245  
(410) 767-3300; (800) 974-1024  
TTY for the Deaf - (800) 735-2258

Please carefully print your responses and give your Student Aid Report (SAR) and this application to the designated Tolbert Grant contact person at your school. To receive a SAR, you must complete a Free Application for Federal Student Aid (FAFSA). The FAFSA is filed online at <http://www.fafsa.ed.gov>

**STUDENT INFORMATION**

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

**SCHOOL INFORMATION**

Name of Institution: \_\_\_\_\_  
Location of Institution: \_\_\_\_\_  
Program Title: \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_ Total Program Hours: \_\_\_\_\_  
Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

I am applying for the Jack F. Tolbert Memorial Student Grant. By signing this application, I am giving permission for the school to use the information contained in my Student Aid Report (SAR) and to release the information it contains to the Maryland Office of Student Financial Assistance. I also pledge to remain free of illegal drugs for the duration of the grant period.

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

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