



MAACCE Regina L. Milio Scholarship Fund Application
Maryland Association for Adult Community and Continuing Education

Please print clearly

Name _____
Last First Middle

Home Address _____
Street City & Zip Code

Phone _____ Email _____

Signature of Applicant _____ Social Security No. _____

Local Adult Education Program from which you are receiving the award:

Date and Score GED Tests: Mathematical Reasoning _____
Reasoning Through Language Arts _____
Science _____ Social Studies _____

Secondary Education School (College or Technical School) to which you have been accepted.	Date of Acceptance
Name:	
Address:	
Phone:	

Signature of Sponsoring Local Adult Education Program Director and Date _____

Submit this completed application packet with correct signatures: Page 1 Signed by applicant and local program director; Page 2 – Statement signed by applicant; Page 3 – Signed by sponsor. Mail the application packet postmarked by March 15 to:

For Office Use Only: Applicant No:

Michelle Frazier
Division of Workforce Development & Adult Learning
Maryland Department of Labor, Licensing & Regulation
1100 North Eutaw Street
Baltimore, Maryland 21201

