



MAXIE COLLIER SCHOLARS PROGRAM  
College of Behavioral and Social Sciences  
2500 W. North Avenue, HHSB 339  
Baltimore, MD 21216

**STUDENT APPLICATION**  
**PERSONAL INFORMATION**

Name:

CSU ID#:

Declared Major:

Cumulative GPA:

Anticipated Graduation Date (Month & Year):

Current Address:

Primary Phone #:

Cell #:

CSU Email:

Personal Email:

Permanent Address (If different from above):

Date of Birth:

Gender (Optional):

U. S. Citizen? (Yes or No)

State of Maryland Resident? (Yes or No)

Race/Ethnicity (Optional):

In case of an emergency, notify: (Contact Phone # Name)

Name of High School:

**WORK EXPERIENCE:**(List most recent position first - full and part-time)

Employer Name:

Address:

Position Held:

Dates Position Held:

Duties:

Employer Name:

Address:

Position Held:

Dates Position Held:

Duties:

Employer Name:

Address:

Position Held:

Dates Position Held:

Duties:

**VOLUNTEER EXPERIENCE:**

Organization:

Address:

Volunteer Position:

Dates Position Held:

Duties:

Organization:

Address:

Volunteer Position:

Dates Position Held:

Duties:

**REFERENCES:**

List the three references who are submitting the Online Recommendation on your behalf. (Two faculty members who have taught you within the last 2 years, and one community person).

Name:

Address:

Contact #:

Name:

Address:

Contact #:

Name:

Address:

Contact #:

THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS FACTUAL, AND SHALL NOT BE PUBLICLY DISCLOSED EXCEPT AS REQUIRED BY LAW.

APPLICANT'S TYPED NAME:

DATE:

**Maxie Collier Scholars Program Application**  
**PERSONAL STATEMENTS**

**Please respond to the following three questions:**

- 1. Why do you believe Coppin State University & the Maryland Department of Health agreed to name the Program in honor of Dr. Maxie T. Collier? (500 words max):**
- 2. Where do you see yourself in 5 years? Please share your academic and professional goals? (500 words max):**
- 3. Why do you want to participate in the Maxie Collier Scholars Program? (500 words max):**

# **MAXIE COLLIER SCHOLARS PROGRAM APPLICANTS' AGREEMENT**

**Please type your initials indicating you have read and agree to the statements below.**

## **BEHAVIORAL HEALTH CAREER COMMITMENT:**

As a Maxie Collier Scholar, I understand I am expected to attend graduate school and pursue a behavioral health career in the public sector.

Click or tap here to enter text.

## **INTERNSHIP:**

I understand I am expected to complete an internship in behavioral health by the end of the first semester of my senior year. Any exception to completing this requirement must be approved in advance by the Coordinator of the Program. Failure to satisfy this requirement will disqualify me as a Scholar and forfeit my entitlement to Maxie Collier Scholars Program funds.

Click or tap here to enter text.

## **HEED 105 Course:**

I understand I am to enroll in and successfully pass the HEED 105 Emerging Issues in Mental Health and Well Being course at Coppin State University prior to graduation.

Click or tap here to enter text.