



## Maryland Creative Problem Solvers, Inc. Scholarship Application

### To the Applicant:

Maryland Creative Problem Solvers (MCPSI) is offering several scholarships to high school seniors who have been active in the Destination Imagination creative problem solving program. Scholarships will be awarded based on a funds available basis and according to criteria established by the MCPSI Scholarship Committee. Heavy consideration will be given to the depth of the applicant's DI participation and the essay. Scholarship winners will be announced at the State Tournament Awards Ceremony.

### How to apply:

The applicant should print and complete this application, obtaining references as indicated. The application should be mailed to MCPSI, P. O. Box 9852, Baltimore, MD 21284. It must be postmarked by March 1<sup>st</sup>.

### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Name of High School \_\_\_\_\_

Maryland DI Region of participation \_\_\_\_\_

References to be submitted by:

1- Name \_\_\_\_\_ E-mail \_\_\_\_\_

2- Name \_\_\_\_\_ E-mail \_\_\_\_\_

Mail this application to:

MCPSI  
P.O. Box 9852  
Baltimore, MD 21284

**Applicant Name** \_\_\_\_\_

### **Destination Imagination Experience**

Please list your various DI experiences below.

Teams I've been on:

School or Membership Name	Challenge	Level	Team Manager Name	Team Manager Phone Number

Volunteer duties I have performed for DI:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

Destination Imagination takes its participants on a great adventure of the mind and spirit. Tell us what you have gained from the DI experience and how it will serve you as you begin the next adventure in college and beyond. Please limit your response to 500 words. You may attach a separate page for this response.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**References****Applicant Name** \_\_\_\_\_

Please submit two references from team managers, principals, teachers, regional directors, etc. that can verify your DI involvement. Print this form two times and give one copy to each referencing individual. The individuals should mail the references directly to the address at the bottom of the form.

Name of responding individual \_\_\_\_\_

Telephone number \_\_\_\_\_ E-mail address \_\_\_\_\_

What was your DI involvement with the applicant (please give specific dates, challenges, school names, etc)? Use the back of this page, if necessary.

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How did the applicant contribute to the team or the volunteer activity to which you speak?

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What unique qualities or experiences set this applicant apart from others?

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Reference's signature \_\_\_\_\_

Please mail this form by March 1<sup>st</sup> directly to:  
MCPSI, P. O. Box 9852, Baltimore, MD 21284