

**BARBARA MARCUS MEMORIAL
TRANSFER SCHOLARSHIP**

Application Form

Name: _____

HCC HID# _____

Address: _____

Phone: (H) _____ (W) _____

(C) _____

Email: _____

Area of Expertise: _____

Please submit the application by 5:00 p.m. on **April 16, 2019** to:
Office of College & Alumni Development
Chesapeake Center
401 Thomas Run Road
Bel Air, MD 21015
Phone: 443-412-2563