

**CITY OF SALEM, MASSACHUSETTS
BOARD OF COMMISSIONERS OF TRUST FUNDS - SCHOLARSHIP
APPLICATION**

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

SCHOOLS ATTENDED:

GRAMMAR: _____

HIGH SCHOOL: _____

AID INFORMATION:

COLLEGE ATTENDING & ADDRESS OF FINANCIAL AID OFFICE:

FINANCIAL STATEMENT OF NEED:

COST OF COLLEGE FOR ONE YEAR _____

LESS AID OFFERED BY COLLEGE

(_____)

LESS LOANS

(_____)

LESS STUDENT CONTRIBUTION

(_____)

LESS OTHER/SCHOLARSHIPS

(_____)

EQUALS TOTAL UNMET NEED: _____

/ / ATTACH COPY OF FINANCIAL AID ACKNOWLEDGMENT FORM AND FINANCIAL AID AWARD LETTER. YOUR APPLICATION WILL NOT BE REVIEWED WITHOUT THIS INFORMATION. IF YOU DID NOT APPLY FOR FINANCIAL AID, PLEASE STATE WHY ON THE BACK OF THE APPLICATION. APPLICATIONS WILL BE REVIEWED IN JULY, ACKNOWLEDGMENTS WILL BE SENT OUT IN AUGUST, CHECKS WILL BE MAILED DIRECTLY TO THE COLLEGE FINANCIAL AID OFFICER IN AUGUST.

RETURN TO: BOARD OF TRUST FUND COMMISSIONERS/SCHOLARSHIPS
P.O. BOX 26, SALEM, MASSACHUSETTS 01970
