

**CITY OF SALEM SCHOLARSHIP & EDUCATION COMMITTEE**

**TAXPAYERS SCHOLARSHIP FUND APPLICATION**

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

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Number of consecutive years as a Salem resident \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

His address \_\_\_\_\_ Income/year \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Her address \_\_\_\_\_ Income/year \_\_\_\_\_

Sisters and Brothers – names, ages, current school situation \_\_\_\_\_

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What college will you attend in the fall? \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Please indicate your financial aid information. Total **costs at your college** \_\_\_\_\_

Total of all scholarships and grants offered by your college.....x \_\_\_\_\_

Total of all loans offered by your college.....y \_\_\_\_\_

Total of Work Study Job offered by your college.....z \_\_\_\_\_

Total of x + y + z..... \_\_\_\_\_

Local Scholarships awarded – names and amounts \_\_\_\_\_

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The Scholarship and Education Committee would like you to let us know **why you feel you should be chosen** to receive one of the taxpayer fund scholarship awards. Please answer below and continue on the reverse side of the application. Also, please submit your official high school transcript, financial aid information and letter (s) of reference with your application. Thank you. Return to the Scholarship and Education Committee, Mayor's Office, City Hall, Salem, MA 01970 by June 15, 2006.