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 YOUR 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

DATE:_____CHECK NO._____AMOUNT_____FUND_____
/ /Born in Salem & Attended Salem Schools / / Battis Fund