

CITY OF SALEM SCHOLARSHIP & EDUCATION COMMITTEE

TAXPAYER SCHOLARSHIP FUND APPLICATION

Name _____ High School _____

Address _____ Home Phone _____

Father's name _____ Occupation _____

His Address _____ Income/year _____

Mother's name _____ Income/year _____

Her address _____ Occupation _____

Sisters and brothers—names, ages, current school situation _____

Name of college/university you will attend this fall _____

Please indicate your financial aid information. Total cost at your coll/univ _____

Total of all scholarships and grants offered.....x _____

Total of all loans offered.....y _____

Total of work study jobs offered.....z _____

Total of x + y + z..... _____

Local scholarships awarded—names and amounts _____

Please enter you 9-digit Tax ID number (social security) _____

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 awards. Please write below and continue on reverse side. Also, please submit your official high school transcript, aid information letter from your selected coll/univ. and letter (s) of reference with your application. Thank you. Return application to the Scholarship and Education Committee, Mayor's Office, City Hall, Salem, MA 01970 by June 15.

