

CITY OF SALEM SCHOLARSHIP & EDUCATION COMMITTEE SCHOLARSHIP FUND APPLICATION

Name:		High School:
Address (must be in Sale	em):	Phone:
Parent/Guardian 1		
Name:		Occupation:
Address:		Income/year:
Parent/Guardian 2		
Name:		Occupation:
Address:		Income/year:
Siblings (please list: names, ages, and current school grade if applicable):		
Name of college/university you will attend in the fall:		
Financial aid information: total costs of your college/university:		
What is your housing plan while at college/university next year? (select one)		
☐ Living on campus	☐ Living off-campus in an apart	ment Living off-campus at home
Local/other scholarships	awarded (names and amounts):	

The Scholarship & Education Committee would like to know why you feel you should be chosen to receive one of the City's taxpayer scholarships. Please attach (1) a **statement**, not to exceed 500 words, explaining why you should receive a scholarship from the Committee, (2) your official **high school transcript**, and (3) **your financial aid letter** from your college or university.

Return application packets to: Scholarship & Education Committee, Office of the Mayor, City Hall, 93 Washington Street, Salem, MA 01970. Application packets must include this form (completed in full), your statement, your transcript, and your financial aid letter. Incomplete applications will be automatically rejected. The deadline to return completed applications is **noon on May 15**, **2020**. The Committee will review all applications and make award decisions at its meeting of May 26, 2020 and/or its meeting of June 23, 2020.