

**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 ACKNOWLEDGEMENT 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 OFFICE 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