



SALEM SCHOLARSHIP AWARDS PROGRAM – APPLICATION

Applicant Name:	Home Phone:	
Street Address:		
City:	State:	Zip Code:
Email:	Cell Phone:	

***** Please attach a copy of your GRADE REPORT (an official transcript is not necessary) for BOTH SEMESTERS. The Scholarship Committee will treat your records with confidentiality. *****

Name of institution attended this year:		
Semester(s) attended this year:	Part Time	Full Time
Program or Major (if declared at this point):		

Please answer the following questions with a concise reply.

Did this represent a change? If so, please explain.		
Briefly evaluate your academic program this year in terms of the personal and career goals that led you to apply for the Salem Scholarship Award.		
List any school, community, or church activities that you have been involved in this year.		
Are you requesting a renewal of your award?	Yes	No
If yes, are there any changes from your original application in terms of the institution, the program you will be continuing, your plans for completion, etc.? Please describe.		
For renewal requests, are there any significant changes or special circumstances regarding your financial status that you feel the committee should take into consideration? (Answer only if this applies to you.)		



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Applicant's Signature: _____ Date: _____

Please complete and return with grade report/transcript **no later than JULY 1** to:
Salem Scholarship Committee, Salem Lutheran Church, 905 Frederick Road, Catonsville, MD
21228