Salem Scholarship Awards Program Report and Renewal Application Form

Applicant Name:			Home Phone:
Street Address:			
City:	State:		Zip Code:
Email:		Mobile Phone or Summer Phone:	
***Please attach a copy of your GRAI SEMESTERS. The Scholarship Com			
Name of institution attended this year:			
Semester(s) attended this year:		Please circle: Part-tim	e Full-time
Program or Major (if declared at this point):		<u> </u>	
Please answer the following questions w	ith a concise reply.		
1. Did this represent a change? If so, please explain.			
2. Briefly evaluate your academic profession for the Salem Scholarship Award3. List any school, community, or community.	d.		onal and career goals that led you to apply avolved in this year.
Are you requesting a renewal of your a	award?	YES	NO
If yes, are there any changes from your or your plans for completion, etc? Please d		n terms of the ins	titution, the program you will be continuing
For renewal requests, are there any significant feel the committee should take into consi			es regarding your financial status that you es to you.)
Applicant's Signature:			Date:

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