

**City of Salem, Massachusetts  
Board of Commissioners of Trust Funds  
P. O. Box 26 – Salem, MA 01970**

**SCHOLARSHIP APPLICATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DOB: \_\_\_\_\_

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**FINANCIAL STATEMENT OF NEED:**

<b>COST OF COLLEGE FOR ONE YEAR:</b>	_____
<b>LESS AID OFFERED BY COLLEGE</b>	(_____)
<b>LESS STUDENT CONTRIBUTION</b>	(_____)
<b>LESS OTHER/SCHOLARSHIPS</b>	(_____)
<b>EQUALS UNMET NEED:</b>	_____

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**ATTACH A COPY OF YOUR COLLEGE ACKNOWLEDGEMENT FORM.**

**Please check appropriate boxes of each fund that pertains to you:**

**/ / Guiseppe Angelico Est. 1976 - Born in Salem & Attended Salem Schools**

**/ / Mary Ellen Beane - Est 1931 – Salem Resident**

**/ / A. A. Low – Est. 1978 Attended Salem Schools**

**/ / Sara P. Battis – Est. 1931 – Salem Resident attending  
Harvard University or Radcliffe Colleges**

**/ / J. J. Canty – Est. 2007 – Salem Resident interested in law enforcement**

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**Certification of information: This form must be signed and dated below**

**x** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Scholarship applications will be reviewed in July and checks processed in August.**

**Return your scholarship form and college acknowledgement form to:**

**Board of Commissioners of Trust Funds, P. O. Box 26, Salem, MA 01940**