



P. O. BOX 553, SALEM, OHIO 44460
scfoffice@salemcommunityfoundation.org
330-332-4021

Salem Community Foundation's Ministerial Scholarship 2026

The Ministerial Scholarship Fund was established with the Salem Community Foundation in 2008 to provide scholarship aid to individuals who will spread the Gospel of Jesus Christ. This program is extended to those who wish to enter the fields of the Ministry, Christian Education, Youth Ministry, or a closely related field.

INSTRUCTIONS

Read the guidelines below carefully and then complete the application in its entirety. The Scholarship Committee of the Salem Community Foundation will review applications for the Ministerial Scholarship in July.

GUIDELINES AND REQUIREMENTS

- Awards are valid at Bible Colleges, undergraduate and graduate schools.
- Applicants must show evidence of a sincere dedication to the study of the Ministry, Christian Education, Youth Ministry, or closely related fields.
- This scholarship does not discriminate on the basis of religious denomination, age, sex, race, or geography.
- This scholarship may be renewable upon reapplication.
- Applicants must submit indication of academic performance to date and financial need.
- A head shot photo, reference letters, and personal statement must also be included in the application package.
- Applications must not be folded, contain paper clips or staples.
- **Note:** Application is a fillable PDF format and will be **disqualified** if submission is handwritten.

SCHOLARSHIP AWARD

The Scholarship Committee will determine the amount of each scholarship awarded.

DEADLINE

All applications must be received by **Wednesday, June 3, 2026** for scholarships to be awarded for the upcoming academic year. Late applications will not be processed and only completed applications will be considered. Please mail the application and required information to:

SALEM COMMUNITY FOUNDATION
ATTN: SCHOLARSHIP COMMITTEE
P.O. BOX 553
SALEM, OHIO 44460



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1. APPLICANT INFORMATION

Name _____

Permanent Street Address _____

City _____ State _____ Zip _____

Cell Phone Number _____ Home Telephone Number _____

Email Address _____

High School _____ Graduation Year _____

Date of Birth _____ Social Security Number _____

Check status: _____ Single _____ Married _____ Number of Children _____

2. COLLEGE / UNIVERSITY INFORMATION

Institution Name _____

Institution Address _____

Type of Institution: Religious Institute or Seminary
 State College / University
 Private College / University

College Major _____

College Minor _____

Fall Semester Class Standing _____ (Sophomore, Junior, Senior or Graduate Student)

Expected Graduation Month and Year _____

List the number of credits on your anticipated schedule for each term (Semester or Quarter).

Fall	_____	Hours	_____	Semester	_____	Cumulative GPA
Winter	_____	Hours				
Spring	_____	Hours	_____	Quarter	_____	Total Hours Earned
Summer	_____	Hours				

** This should match total on submitted transcript.*

3. FINANCIAL INFORMATION

Please use the school website or information from your financial aid package for estimated college expenses. Your budget should be for one academic school year (Fall through Spring) of expenses and resources. It is very important that you fill in all information to the best of your knowledge.

SPECIAL NOTE: All lines must be filled in even if the amount is zero.

<u>Estimated Cost of School</u>		<u>Anticipated Resources</u>	
Tuition	\$ _____	Student Contribution	\$ _____
Fees	\$ _____	From Family / Others	\$ _____
<i>Subtotal</i>	\$ _____	<i>Subtotal</i>	\$ _____
Room and Board	\$ _____	Scholarships / Awards *	\$ _____
<i>Subtotal</i>	\$ _____	Social Security Benefits or Veterans Affairs Benefits	\$ _____
Books and Supplies	\$ _____	Loans	\$ _____
COST TOTAL	\$ _____	RESOURCE TOTAL	\$ _____

^ ESTIMATED COST OF SCHOOL TOTAL MUST EQUAL ANTICIPATED RESOURCE TOTAL!

* List name of scholarships / awards and amounts anticipated for the 2026 – 2027 academic year.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

List name of scholarships / awards and amounts received for the 2025 - 2026 academic year.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total amount of outstanding educational loans in the student's name to date: \$ _____

4. LETTERS OF RECOMMENDATION

Please list the names, addresses and telephone numbers of the persons from whom you have requested letters of recommendation. It is the applicant's responsibility to ensure that the recommenders submit letters to the Salem Community Foundation on or before the first Wednesday of June. Letters of recommendation in sealed envelopes may be included with your application or mailed separately to the address below.

Recommendation from College / University Professor or Advisor

Name _____ Position _____
Address _____
Telephone _____ Email _____

Recommendation from Home Church Minister or Youth Minister

Name _____ Position _____
Address _____
Telephone _____ Email _____

Letters of reference should include:

1. How long he / she has known the applicant and in what context.
2. Description of the applicant's character, achievements, abilities, and dedication to the ministry.

Mail to:

**Salem Community Foundation
Attn: Scholarship Committee
P. O. Box 553
Salem, Ohio 44460**

Reference letters must reach the Salem Community Foundation on or before the first Wednesday of June. Late applications will not be processed and only completed applications will be considered.

5. APPLICANT'S PERSONAL STATEMENT

A requirement of Salem Community Foundation's Ministerial Scholarship is to include a minimum of two pages, 12-point Times New Roman font, double-spaced essay describing how your faith and service to others has shaped your current educational experiences and helped to develop your career goals.

6. ADDITIONAL INFORMATION

Please submit any additional information that the Scholarship Committee should consider in its decision.

7. INFORMATION REQUIRED

1. Did you file the FAFSA for **2026 - 2027** school year? YES _____ NO _____
 - If YES, a **complete copy - Pages 1 thru 5** - of the **FAFSA Submission Summary** is to be included with your scholarship application. A copy of the FAFSA application is not acceptable.
 - If NO, a copy of your parents and your **2025 Income Tax Form** (first two pages) must be included with your scholarship application.
2. A copy of your **complete college transcript which indicates your Spring 2026 courses, grades, and cumulative GPA**. A downloaded version is acceptable.

8. FINAL CHECKLIST

- ___ Completed application printed on one side to include your actual penned signature.
- ___ Two letters of recommendation
- ___ Personal Statement: Minimum of two pages, 12-point Times New Roman font, double-spaced essay
- ___ Certification of church membership
- ___ Copy of 2026 - 2027 FAFSA or 2025 Income Tax Form
- ___ College transcript including Spring 2026 courses, grades, and cumulative GPA.

I have read and understand the eligibility requirements for this scholarship for which I am applying. I certify that all the information provided in this application to be complete and accurate, to the best of my knowledge. I understand that inaccurate information will void my application. I understand that all the information provided will be used only for review purposes by the Salem Community Foundation Scholarship Committee. I give consent to the Salem Community Foundation to publish my name, educational and career information and photo if I receive an award. I also understand that the decision of the Salem Community Foundation is final.

SIGNATURE IN INK _____ DATE _____

8. CERTIFICATION OF CHURCH MEMBERSHIP

This section is to be completed and submitted by the minister of the church where the applicant holds their membership.

Name of Applicant _____

Name of Church _____

Church Address _____

City / State / Zip _____

Minister's Name _____

Phone Number _____

Email Address _____

I certify that the applicant named above is a member in good standing of

of which I serve as a Minister. The applicant has been an active member

of this church since _____.

Signature of Minister

Date

Please mail to:

Salem Community Foundation
Attn: Scholarship Committee
P. O. Box 553
Salem, Ohio 44460

This sheet must reach the Salem Community Foundation on or before the first Wednesday of June.
Incomplete applications will not be accepted.