SALEM COMMUNITY FOUNDATION SCHOLARSHIP
2025

The Salem Community Foundation Scholarship is designed to assist current students enrolled in a post-secondary undergraduate educational program.

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 this scholarship in July of each year.

GUIDELINES AND REQUIREMENTS
- 2.5 cumulative GPA. A copy of the student's year-end transcript indicating a <u>cumulative</u> GPA must be attached to the application. A downloaded version is acceptable.
- Minimum class load of 6 semester hours or 9 quarter hours.
- Must be a resident of Salem City or Perry Township.
- A student is eligible for review <u>three</u> times for their first bachelor's degree.
- Current and accurate financial information as indicated on the last page of the application.
- Applications must not be folded, contain paper clips or staples.
- Application is to be printed <u>on one side</u>.
- Application is a fillable PDF format and will be <u>disqualified</u> if submission is handwritten.

* Consideration will be given to students on the basis of class level
(Seniors, Juniors, and Sophomores) and financial need.
*All information disclosed to the Scholarship Committee will be kept confidential.

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

DEADLINE
All applications <u>must be received</u> by **Wednesday, June 4, 2025** for scholarships to be awarded for the upcoming academic year. Late applications will not be processed and only <u>completed</u> 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

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 _____ _____ Public _____ Private

Institution Address _____

College Major _____

College Minor _____

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

Expected Graduation Month and Year _____

List the number of credits on your <u>anticipated</u> 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. WORK EXPERIENCE   List current and previous employment along with the dates worked.

_____

_____

_____

_____

4. FINANCIAL INFORMATION

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

SPECIAL NOTE: <u>All lines must be filled in even if the amount is zero.</u>
_____

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

^ ESTIMATED COST OF SCHOOL TOTAL <u>MUST EQUAL</u> ANTICIPATED RESOURCE TOTAL!

* List name of scholarships / awards and amounts <u>anticipated</u> for the <u>2025 - 2026</u> academic year.

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

List name of scholarships / awards and amounts <u>received</u> for the <u>2024 - 2025</u> academic year.

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

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

5. REFERENCES

Please list the name, position, and contact information of two references.

Name _____ Position _____

Contact Information _____

Name _____ Position _____

Contact Information _____

6. PERSONAL STATEMENT DIRECTIONS

A requirement of the Salem Community Foundation scholarship application is to include a <u>one full page</u>, <u>12-point Times New Roman font</u>, <u>double-spaced</u> essay with your completed application. Please type your first and last name at the far left on line 1 and begin your personal statement on line 2.

The personal statement is your opportunity to share with the Scholarship Committee in your own words what excites you most about your field of study, and how you envision it evolving in the next 10 years.

7. REQUIRED INFORMATION

1. Did you file the FAFSA for **2025 - 2026** 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 <u>not</u> acceptable.

- If **NO**, a copy of your parents <u>and</u> your **2024 Income Tax Form** (first two pages) is to be included with your scholarship application.

2. A copy of your **complete college transcript which includes your Spring 2025 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.
__ Personal Statement: One full page, 12-point Times New Roman font, double-spaced essay
__ Copy of 2025 – 2026 FAFSA or 2024 Income Tax Form
__ College transcript including Spring 2024 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 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 _____