

Applications for Scholarship
Education Fund – Salem Quarterly Meeting

Applicant's Part

Names of Parents/guardians _____

Address _____

Telephone _____ Monthly Meeting _____

Student _____ Birthdate _____ Current Grade _____

School _____ Grade Entering Next Year _____

Tuition _____ Calendar Year _____

Amount Requested _____ Choose one: Grant _____ Loan _____

(If loan is requested, please outline a proposed repayment schedule on the reverse side.)

Please describe any special circumstances to help the committee evaluate the applicant's need.
Use extra sheet if needed.

Please submit the application to your monthly meeting clerk. All completed paperwork must be received by the Committee Clerk no later than January 31st.

Clerk's Part

Clerk: please confirm the active participation of the applicant/family in the life of the Meeting.

Clerk's Signature _____

Clerk: please forward this form with attachments to the Education Committee, c/o Tacie Trull 6 Quail Ridge Drive, Bridgeton, New Jersey 08302 (856-455-6760, sailboat99@comcast.net)