

**SALEM MONTHLY MEETING**  
**EDUCATION FUND APPLICATION FOR SCHOLARSHIP**

Name of Parents of Guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Monthly Meeting \_\_\_\_\_

Student \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Year Entering \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

Type of School      High School    Boarding    Day  
                                 College       Boarding    Day

**List other family members, their current grade and school.**

Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

**Checks will be made payable to the student applicant. Please indicate where the checks should be sent:**

I want the check sent directly to the student at school

I want the check sent to the home address.