Alumnae Referral Scholarship

What is the Alumnae Referral Scholarship?
This scholarship was created to offer alumnae the opportunity to help a deserving student achieve their higher education goals and assist in recruiting our next incoming class! The Alumnae Referral Scholarship is a grant of $1,000 renewable for four years as long as the student maintains full-time status and satisfactory academic progress, up to $4,000 total.

Who can nominate a prospective student?
Any Salem College alumna may nominate up to five prospective first year or traditional-aged (18-22) transfer students per academic year.

Who may be nominated?
Prospective first-year or traditional-aged (18-22) transfer students may be nominated. Students must plan to enroll in full-time undergraduate studies. A student can only receive one Alumnae Referral Scholarship to pursue his/her degree.

How do I nominate a prospective student?
To nominate a student, alumnae must complete the Alumnae Referral Scholarship Form. The form must be submitted before the student is admitted to Salem College. The student’s admissions counselor will review the nomination and contact the student selected to receive the scholarship. Turn in this form by January 1st to be eligible for the following fall.

For more information, please contact:

Audrey Gauss
Director of Admissions
336-721-2621
audrey.gauss@salem.edu
Alumnae Referral Scholarship Form

Alumnae Information
Name of Salem College alumna: __________________________________________________

Name at time of graduation: _____________________________________________________

Address: ____________________________________________________________________

City: ________________________________________ State: __________ Zip: ____________

Telephone: ___________ Graduation Year: ______________________

Email: ______________________________

Prospective Student Information
Name of nominated student: _____________________________________________________

Address: ____________________________________________________________________

City: ________________________________________ State: __________ Zip: ____________

Telephone: (________)__________________________

Email: _______________________________________

Name of high school/college last attended: __________________________________________

High school graduation date: _____________________________________________________

Applicant Type (check one): □ first-time college student □ transfer student (age 18-22)

_____________________________________________________________________________

Signature of Alumna

_________________________________________ Date

Please return this completed form by January 1st to:
Salem College Admissions
601 S Church Street
Winston-Salem, NC 27101
336-917-5572 (fax)
admissions@salem.edu