

FLEER CENTER SCHOLARSHIP APPLICATION

First degree-seeking applicants only. Incomplete application materials result in disqualification.
Documents are mailed or hand delivered to the Fleer Center. EMAILED or FAXED documents are not accepted.
*** Submission deadlines: **June 1st/Fall** and **December 15th/Spring** ***

I. Applicant Information (please PRINT legibly)

Name _____ Salem ID# _____
Address _____
Phone _____ Current Salem GPA [from Self-Service] _____
Major _____ **Newly Enrolled – No Salem GPA – Check here**
Class: Check One – First Year Sophomore Junior Senior

II. Scholarship Consideration Academic Term: Fall Spring

Are you enrolling - Part/time (1-11 Semester hours) Full-time (12+ Semester hours) Undecided

*****Note: Course enrollment changes could result in scholarship reduction. Upon review of the applications, the applicant must be enrolled*****

Applicant Status: 1st Time Applicant Previous Applicant/No Award Previous Applicant/Awarded

Are you a single-mother with dependent children? Yes No

Please consider me for the following: [Check any or all for consideration]

- | | |
|--|---|
| <input type="checkbox"/> Adrienne Amos Livengood Scholarship | <input type="checkbox"/> Stuart I. Bellin Scholarship |
| <input type="checkbox"/> Martha Fleer Prime Times Alumnae Club Scholarship | <input type="checkbox"/> Robert E. Elberson Scholarship |
| <input type="checkbox"/> Pat Etheridge Scholarship | <input type="checkbox"/> Women's Club Scholarship |
| <input type="checkbox"/> Patricia McAleer Scholarship | <input type="checkbox"/> Any of the above |
| <input type="checkbox"/> Shirley D. Shouse Scholarship | |

III. Professional and Character References: Two (2) references required; additional discouraged. [Reference Form](#)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

IV. Essay

A two (2) page [minimum] on how the scholarship will impact your plans. Regardless of what individual scholarships state, a 2 page essay is required.

V. Financial Aid Award Letter – If Applicable

A) Current Student - Will you apply for Financial Aid? Yes No If yes, please submit a copy of your most recent award letter or a copy from your Self-Service account. The previous semester is acceptable.

B) **New Student** - What semester did you last participate in financial aid (if applicable)? _____

VI. Student Signature and Date

My signature verifies a complete and accurate record of information requested.

Applicant Signature: _____ Date Application Submitted: _____

* **ONLY** Fall term applicants that desire scholarship consideration for the following Spring;
New Spring term applicants are required to re-apply for Fall term.

Check here



Office Use Only: Application Complete Scholarship Awarded: Yes No Amount of Award: \$ _____

Date Contacted: _____