



## Daly Computers Inc. Scholarship

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

SUID#: \_\_\_\_\_

Current grade level: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Minimum 3.0 required

On a separate sheet, please discuss the unexpected financial hardship that you are currently experiencing. Limit your essay to 500 words or less.

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I hereby declare that all of the above information is complete and correct to the best of my knowledge.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Submit to: Director of Financial Aid, Salisbury University, 1101 Camden Ave, Holloway Hall, Room 213, Salisbury, MD 21801 or [finaid@salisbury.edu](mailto:finaid@salisbury.edu)