

The Institute for Retired Persons



Name _____

Home Address _____

Telephone _____ SU ID# _____

Current Grade Level _____ Cumulative GPA _____

List any Volunteer and/or Extracurricular Activities you have been involved in:

On a separate sheet, please discuss how this scholarship will assist you in pursuing your education in the 2016-2017 academic year.

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

Signature: _____ Date: _____

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

Deadline for application: Friday, November 11th 2016