

**LOWER ALLOWAYS CREEK TOWNSHIP
SALEM COMMUNITY COLLEGE SCHOLARSHIP APPLICATION**

Student Name: _____ Social Security #: _____

Address: _____

_____ Phone #: _____

Length of residency in L.A. C.: _____ Years. **I will / did graduate High School in** _____

Parent's Name (if a minor): _____

Parent's Employment: _____

Number of Brothers/Sisters: _____ Any presently enrolled in college Yes No

If so, where: _____

Have you applied at Salem Community College? _____ Yes _____ No

Do you plan to attend Full-time Part-time Number of credits _____ or courses _____

Number of previous semesters at SCC receiving Scholarship: (either full or part-time)

Total previous Semesters attending: Fall (circle one) 1 2 3 4 Winter (circle one) 1 2 3 4

What career or degree do you plan to pursue: _____

Have you applied for or received any financial aid, grant or scholarship other than this scholarship? _____ Yes _____ No if yes explain _____

NOTE: If you are eligible for financial aid at Salem Community College, applications for that funding shall be done prior to the Township's Scholarship program participation. Please check with the College to see if you qualify for financial aid.

Applicant's Signature: _____ Date _____

Requirements for submission for the Township's scholarship:

1. Complete this application
2. A letter stating goals and financial need;
3. Provide a copy of your high school transcript or previous SCC semester transcript
All students applying or for renewal **MUST have maintained a "C" average to qualify**
4. Full Time Scholarships must be renewed yearly
5. Part Time Scholarships must be renewed each semester
6. Return all of the above to:

Ronald L Campbell Sr. Municipal Clerk
L.A.C. Scholarship Program
PO Box 157
Hancock's Bridge NJ 08038