



SALEM

## Salem Community Foundation Grant Application



### Qualifications

- Must be a permanent resident of Salem City, South Range, West Branch, United or Leetonia Village school districts for at least one year. The Scholarship is for the 2024- 2025 academic year
- Must be pursuing your associate or first bachelor degree and attend Kent State University at Salem
- Current Kent State University at Salem students and transfer students must have a 2.00 cumulative GPA
  - If you are a new freshman, there is no minimum GPA requirement
- College Credit Plus students are not eligible for this grant

As funding permits, the maximum award is **up to 20 percent** of in-state tuition costs for classes at Kent State University at Salem.

**This application must be returned to the Kent State University at Salem Student Services Office, please contact Angel Barcey, 330-337-4209, [ACARNES@kent.edu](mailto:ACARNES@kent.edu) to submit your application using your Kent State email. Personal email addresses will not be accepted. You may also print and mail your application to Kent State University at Salem 2491 St. Rt. 45 South, Salem, OH 44460.**

**APPLICATION IS DUE NO LATER THAN SEPTEMBER 2, 2024 for Fall 2024 enrollment  
APPLICATION IS DUE NO LATER THAN JANUARY 27, 2025 for Spring 2025 enrollment**

One application can be completed for both Fall and Spring semesters. Summer sessions are not included.

Kent State Identification Number \_\_\_\_\_ E-mail \_\_\_\_\_

Legal Name \_\_\_\_\_ Former/Maiden Name \_\_\_\_\_  
Last First M.I.

Permanent Home Address \_\_\_\_\_  
City State Zip

Length of time at the address above: \_\_\_\_\_  
Years Months School District of Residence

If less than one year, give recent address \_\_\_\_\_  
Address City State Zip

Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Area Code Number Area Code Number Mo. Day Year

*By my signature, I attest to the fact that all information on this application is complete and correct. Any omission or falsification will result in Kent State University revoking my award and billing me for any balance due. I also understand this award is a financial aid award and could affect other types of aid. I agree that my personal information (including grades, address, etc.) can be released to the Salem Community Foundation.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**If approved, you will receive further instructions on completing your SODA (Student Online Donor Acknowledgement).**

DO NOT WRITE BELOW IN THE SHADED AREA

|                                 |  |                            |
|---------------------------------|--|----------------------------|
| Salem Courses Cost – Fall<br>\$ | .20  | %                          |
| Salem Courses Cost<br>\$        | Fin aid (scholarships, grants, fee waiver) | Remainder amount or credit |

Kent GPA: \_\_\_\_\_ New Freshman \_\_\_\_\_ Approved: \_\_\_\_\_ Deny: \_\_\_\_\_ Date: \_\_\_\_\_

|                                   |  |                            |
|-----------------------------------|--|----------------------------|
| Salem Courses Cost – Spring<br>\$ | .20  | %                          |
| Salem Courses Cost<br>\$          | Fin aid (scholarships, grants, fee waiver) | Remainder amount or credit |