

**The James and Beatrice Salah Family Foundation for the Town of Canton  
Application for Scholarship**

**Applicant Name:**

**Applicant E-mail:**

**Applicant Cell Phone:**

**Applicant Address:**

**Father's Name:**

**Occupation:**

**Employer:**

**Mother's Name:**

**Occupation:**

**Employer:**

**Guardian Name:  
(if Applicable)**

**Occupation**

**Employer:**

**Financial Data: (Includes Taxable & non-taxable Income from all sources)**

**Father:**

**Mother:**

**Other:**

**Applicant Savings:**

**Other Assets:**

**Significant Debts:**

**Residence and School Data (Canton)**

**Years Resided in Canton:**

**Years Attended Canton Public Schools:**

**College and University Data:**

**Applied to:**

**Accepted By:**

**Will Attend:**

**Major to be pursued:**

**Annual Tuition:**

**Annual Room & Board**

**Other Financial Aid Received:**

**Other Siblings attending College:**

<b>Name:</b>	<b>Age:</b>	<b>School:</b>	<b>Year:</b>
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<b>Name:</b>	<b>Age:</b>	<b>School:</b>	<b>Year:</b>
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<b>Name:</b>	<b>Age:</b>	<b>School:</b>	<b>Year:</b>
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**Personal Data in Canton Schools:**

**Scholastic Awards:**

**School Offices Held:**

**Extra-Curricular Activities (Music, Athletics, Scholastic, Community Service, Etc.)**

**Part Time Employment:**

**How Will Balance of College Tuition and Expenses be obtained?**

**What Profession or Vocation do you Plan to Pursue?**

**Optional Data you wish to provide:**

**Applicant's Signature:** \_\_\_\_\_

**Date:**

**Parent(s) / Guardian  
signatures:** \_\_\_\_\_

**Date:**

\_\_\_\_\_

**Date:**

**The Trustees of the James and Beatrice Salah Family Foundation for the Town of Canton shall be the final selection authority. Any of the requirements / criteria may be waived at the discretion of the Trustees.**