

Salem State College
Phi Theta Kappa Scholarship
Office of Admissions
352 Lafayette Street
Salem, MA 01970-5353

Recommendation Form

Name of Applicant _____
Last First M

Name of person writing recommendation _____
Last First M

Relationship to Applicant _____

Deadline: January 1 for students entering spring semester
August 1 for students entering for fall semester

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In order for the above named person to be considered for the Salem State Theta Kappa Scholarship, a letter of recommendation is required. Please provide information on the student's academic achievement, campus and community involvement and/or leadership skills.

Signature _____ Date _____

Title _____

Please send to: Scholarship Committee, Office of Transfer Admissions And Articulation, Salem State College, 352 Lafayette Street, Salem, Ma 01970-5353