



**Salem State College**  
**Academic Transfer 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: November 1<sup>st</sup> for students entering spring semester**  
**June 1<sup>st</sup> for students entering for fall semester**

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In order for the above named person to be considered for the Salem State Academic Transfer 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