## Lt Aaron Salter Memorial Scholarship Inc. SCHOLARSHIP APPLICATION

You must either type or print all your answers neatly in ink. Application response may be sent via email to ltasaltermemorial@gmail.com or mailed to LASMS; 683 Northland Ave, Room# 219,Buffalo, NY 14211, Scholarship application, transcripts and letters of recommendation must be postmarked by 4/15/2023 to the above address.

Name			First		<del></del>	
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Permanent	mailing address					
	Number and street					
City	-	State	Zip		E-mail	
Phone		Biı	th date	ž ——		
0	101 1 0		Month	Day	Year	
Community	/Civic Org					
Commu	nity Org. Employee who will verify your vol	unteer hours	Title			
	Area Code Telephone	Number				
What year	did/will you receive a high school	ol diploma or T	Trade School?			·······
High School or Trade S						
Higl	n School Name or Trade School	City	State			
High school	ol students only					
Tilgii sene						
	High School GPA					
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