

# SALEM STATE UNIVERSITY CHAPTER

# **ALPHA LAMBDA DELTA**

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For students experiencing financial difficulties in paying the \$60.00 fee there are two options:

- **Option 1:** Set up a **payment plan** that allows you to pay off the membership fee over a period of time. For example, you can set up a plan by paying it off in several weeks by paying \$10.00 every other week. At least 50% of the total membership fee must be received prior by Friday February 24, 2023.
- **Option 2:** Apply for a **scholarship** based on your financial situation. The First Year Experience office will work with Financial Aid office to review your financial status to determine if you are eligible to be considered for one of a minimum number of scholarships.

For either option, please submit this form to the **First Year Experience Office, Dining Commons 101A, Salem State University, 352 Lafayette Street, Salem, MA 01970** or [firstyear@salemstate.edu](mailto:firstyear@salemstate.edu).

The deadline to submit is: **Monday, January 30, 2023.**

## PERSONAL INFORMATION:

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street Address/Apartment/Box #*

\_\_\_\_\_  
*City, State, Zip Code*

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Salem State University email address*

For any questions related to the process, please call the **First Year Experience Office** at **978.542.2618** or email [firstyear@salemstate.edu](mailto:firstyear@salemstate.edu)

## OPTION 1: PAYMENT PLAN

I would like to set up a payment plan to cover my membership fee. I understand that if I miss a payment, my membership in the organization will be cancelled. I also understand that if I miss a payment after the induction ceremony, I will not be eligible for a refund of that money as it will have been used to cover induction costs.

|            |               |                                    |
|------------|---------------|------------------------------------|
| Payment #1 | Amount - \$30 | Date due: Friday February 24, 2023 |
| Payment #2 | Amount _____  | Date due: _____                    |
| Payment #3 | Amount _____  | Date due: _____                    |
| Payment #4 | Amount _____  | Date due: _____                    |
| Payment #5 | Amount _____  | Date due: _____                    |

By signing below I agree to make the payments by the dates indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## OPTION 2: SCHOLARSHIP APPLICATION

I understand that by submitting this application for one of a limited number of scholarships which cover the membership fee, FYE will work with Financial Aid to review my financial situation.

### **FINANCIAL AID INFORMATION:**

Did you receive financial aid from Salem State University this year?       YES       NO

Did you receive financial aid from outside agencies?       YES       NO

If yes, please specify what type of aid you received (loans, grants, scholarships, etc.):

Please provide a statement outlining the financial difficulties you are experiencing in paying the \$60 membership fee and why you hope to be considered for one of the limited scholarships: