**SALEM STATE UNIVERSITY CHAPTER  
ALPHA LAMBDA DELTA**

**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 9, 2024.
* **Option 2:** Apply for **a scholarship** based on your financial situation. We 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.**

The deadline to submit is: **Monday, January 29, 2024.**

**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 Office of Student Success and the First Year Experience at 978.542.2618 or email 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 9, 2024

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 (If submitting electronically, my typed name replaces a signature).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (FAFSA) this year? \_\_\_\_\_YES \_\_\_\_\_NO

Did you receive financial aid from outside organizations? \_\_\_\_\_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:**