

2021 Application Deadline:  
Postmarked by 4/16/2021



The Salvation Army  
Pearl Linden Scholarship  
2445 Prior Avenue North  
Roseville, MN 55113  
651-746-3528  
[www.thesalarmy.org](http://www.thesalarmy.org)

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Completed by College: Yes/No

Student's Name: (Last) _____ (First) _____		Date of Birth: ____/____/____	
Address: _____			
City: _____	State: <u>MN</u>	Zip Code: _____	Phone: (____) _____
Social Security Number: _____ - _____ - _____			

**This form MUST be filled out and signed by College or University of attendance!**

School Attending _____	
Financial Aid Advisor _____	
Tuition and Fees . . . . .	\$ _____
Books and Supplies . . . . .	\$ _____
Housing . . . . .	\$ _____
<u>Total Student Budget</u> . . . . .	\$ _____
Parental Contribution . . . . .	\$ _____
Student/Spouse Contribution . . . . .	\$ _____
<u>Assessed Financial Need</u> . . . . .	\$ _____
<b>Loans/Work:</b>	<b>Grants/Scholarships:</b>
Perkins Loan \$ _____	Pell Grant \$ _____
Stafford Loan \$ _____	MN State Grant \$ _____
Work Study/Off Campus \$ _____	Scholarship \$ _____
Other: _____ \$ _____	Other: _____ \$ _____
TOTAL PACKAGE \$ _____	
By signing below I am verifying that the information above was completed by me and is based on information specific to our school and the applicants FAFSA application.	
_____ Signature of Financial Aid Advisor	_____ Date

Please remit to:

The Salvation Army Linden Scholarship  
2445 Prior Avenue North  
Roseville, MN 55113

or by fax to: Attn: Dave Johnson  
The Salvation Army Linden Scholarship  
651-746-3546