



Margaret English Conrad/Nicholas Joseph Arone

Scholarship Endowment Fund

Scholarship Application

Family Information

Parent/Guardian Names: _____

Preschool child's Name: _____ Date of Birth _____

Other family members names and ages _____

Address: _____

City: _____ Zip code: _____

Home phone: _____ Work phone: _____

Statement of Purpose

Specifically tell us why you should be considered for scholarship assistance:

Signature of Parent/Guardian _____ Date _____

PLEASE NOTE: Application for scholarship is open to any child applying for enrollment; however submission does not insure a scholarship grant, or if awarded, the amount of the Scholarship Grant.