

**Office of Financial Aid**  
2016-2017 Edward T. Conroy Memorial Scholarship Renewal  
Application

**Submission Deadline: July 15, 2016**

Student Name: \_\_\_\_\_ SSN (last four digits): \_\_\_\_\_

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

Student Type:  WOM  CAUS  GRAD  PHARM

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**Please indicate your enrollment plan for the following semesters:**

*(Please note that waitlist and audit classes do not count for financial aid eligibility)*

*My enrollment status will be:*

Fall 2016 I will be enrolled in \_\_\_\_\_ credits for the fall semester

Spring 2017 I will be enrolled in \_\_\_\_\_ credits for the spring semester

**Certification:**

I understand that the amount of my Conroy Scholarship is based on my actual enrollment status and may be adjusted if I do not enroll each semester as indicated. I understand that it is my responsibility to notify the Office of Financial Aid of any changes in my enrollment. I understand that I must monitor my student account and pay the balance due.

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Student Signature

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Date