

Office Use Only

Office of Financial Aid
2018-2019 Edward T. Conroy Memorial Scholarship Renewal
Application

Submission Deadline: July 14, 2018

Student Name: _____ SSN (last four digits): _____

Phone Number: _____

Student Type: WOM CAUS GRAD PHARM

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 2017 I will be enrolled in _____ credits for the fall semester Spring 2018 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.

Student Signature_____
Date