

Office of Financial Aid
2020-2021 Edward T. Conroy Memorial Scholarship Renewal
Application

Submission Deadline: July 14, 2020

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 2020 I will be enrolled in _____ credits for the fall semester
- Spring 2021 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