

WOODSTOWN MONTHLY MEETING
APPLICATION FOR SCHOLARSHIP GRANT

Name of parents/guardians_____

Address_____

City/State/Zip_____

Phone_____

Student's name_____

Date of birth_____

School attending_____

School address_____

School city/state/zip_____

Annual tuition_____

Please mail to: Committee of Oversight PO Box 13 Woodstown, NJ
08098 or email to sdcrane103@comcast.net

GUIDELINES

Scholarships are not needs-based. Awards are grants, not loans.

ELIGIBILITY

K-8: Friends schools only

9-12: Friends schools or other independent schools

Undergraduate college, graduate school, special needs programs
included.

Notification in early July of amount paid to applicant/family.