FRIENDS' CENTRAL SCHOOL

2019/2020 Wynnefield Community Scholar Program

Statement of Intent to Apply

Student Name: _____

Current School: _____

Grade entering the fall of 2019: ☐6th ☐7th ☐8th ☐9th

Home Address: *Please note that the student's primary address must be in the 19131 or 19139 zip code zone in order to be eligible for this scholarship.*

_____

_____

_____

Name(s) of Parent(s): _____

Signature of Parent(s): _____

Date: _____

Please explain why you would like your child to attend Friends' Central School.

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