



RENEWAL APPLICATION

Fill out all fields below, even if your information hasn't changed from last year.

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone numbers: Cell _____ Home _____

Personal email address: _____

School email address: _____

College Student ID #: _____

Year you graduated from PHS: _____ 101: Board Contact Name: _____

If you have been receiving financial aid, have you applied for it for this coming year? YES NO

College Information – where your scholarship should be mailed to

Name of School: _____

(MCCC students do not have to complete the remainder of the section in this box)

Address: _____

Financial Aid Office Contact Number: _____

Year in school this coming fall: Freshman Sophomore Junior Senior Extra

Date: _____ Student's signature: _____

Student's full name (print): _____

Please remember to complete and submit along with this form:

- 1) a copy of the financial aid letter from your school (if you receive aid)
- 2) a copy of your grades for the academic year that just ended (if you send a photo, make sure we can read your name on the screen)
- 3) a copy of your bill (if you attend MCCC)

Mail this form and the documents listed above to:

**101: RENEWAL c/o Princeton High School
151 Moore St, Princeton, NJ 08540**