

Arabic Educational Foundation

PO BOX 312

No. Scituate, Rhode Island 02857

Mission Statement: The purpose of the organization shall be to offer financial assistance to high school and college student of Arab American descent. Assistance is based on an established set of criteria approved by the AEF Board to determine each applicant’s eligibility.

Recipient selection is based on the following criteria:

- ✓ Arabic Descent
- ✓ Financial Need
- ✓ Academic Performance
- ✓ Student’s written essay
- ✓ Community Service /Volunteering Experience



The *AEF* organization has been an established non-profit since 1966 and for fifty-one years has been fundraising for education. We have contributed to the support of hundreds of young college students from our parishes and community. Every Board Member is a volunteer of the highest ethical standards, valuing our heritage and the education of our youth.



Program Book Ad Form

Business / Family Name: _____

Business /Family Contact Person: _____

Address: _____

City/State/Zip: _____

Email address: _____ Phone: _____

- ✓ Ad will appear in the recipient’s 2018 *Program Book*
- ✓ Please mail a 2018 recipient’s *Program Book* to above address Yes ____ No ____
- ✓ Full page ad \$50 check # _____ Half page ad \$25 check # _____
- ✓ Submit Ad by May 15, 2018 to guarantee printing in program book.

Please attach business card or write message as you would like it to appear in *Program Book*,

Scholarship Donation Form

Donated By: (name of person or family donating scholarship) _____

Address: _____

City/State/Zip: _____

Email address: _____ Phone: _____

Full Scholarship Donation: \$500 – check # _____

In Memory of Loved One - *Good Health* - *Scholarship Support* (circle option)

Name of loved one _____

Message as you would like it to appear *in Program Book*, _____

- ✓ Scholarship will appear in 2018 recipient's *Program Book*
- ✓ Please mail a program book to the above address: Yes _____ No _____



Membership Donation Form

Name: _____

Address: _____

City/State/Zip: _____ Email address: _____

- ✓ Name will appear in the 2018 Recipient's *Program Book*
- ✓ Please mail a 2018 program book to the above address: Yes _____ No _____

Donation amount \$ _____ Check # _____

