

Arabic Educational Foundation
650 George Washington Hwy., Suite 202
Lincoln, Rhode Island 02865

Mission Statement: The purpose of the organization shall be to offer financial assistance to high school and college students 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 has been fundraising for education ever since. 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 this year's *Program Book* which will be distributed at the Annual Banquet.
Please mail a *Program Book* to above address: Yes _____ No _____
Full page ad: \$50 check # _____ Half page ad: \$25 check # _____
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* _____

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 *Program Book*.
Please mail a *Program Book* to the above address: Yes _____ No _____
Donation amount \$ _____ Check # _____

Please submit all Forms and Donations by May 15 to guarantee printing in the *Program Book*!