

EVEREG-FENESSE EDUCATIONAL SOCIETY

Armenian Day School Grant Application
(Grades 1 - 12)

Student's Full Name _____ Date of Birth _____

Parents Names _____ Grade _____

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____
(Residence) (Business/Cell: Father/Mother)

Email Address _____

Please check one:

☐ Child is a descendant of an Everegtzi ☐ Child is a descendent of a Fenessetzi ☐ Both

Hyrenagit Family History: (i.e., identify your child's lineage/direct family relationship to an Everegtzi or Fenessetzi):

(Name) (Relationship) (Native of)

(Name) (Relationship) (Native of)

(Name) (Relationship) (Native of)

(Name) (Relationship) (Native of)

Signature of Parent or Guardian Date

The student understands that the EVEREG-FENESSE EDUCATIONAL SOCIETY may call upon him/her from time to time to help during social events.

THE FOLLOWING TO BE FILLED OUT BY ARMENIAN DAY SCHOOL

Name of Armenian Day School _____

Address _____
(Street) (City) (State) (Zip)

Yearly Expenses	Tuition	\$ _____
	Transportation	\$ _____
	Supplies	\$ _____
	Total	\$ _____

Signature of Principal Date

Signature of Chapter President Chapter