

Scholarship Transcript Request Form

NO FEE REQUIRED

Student Name _____

Name of Scholarship _____

Counselor: Ms. Boisselle Mrs. Fiori Mrs. Luker

****All applications needing counselor letter or input are due in School Counseling Office 8 SCHOOL DAYS before the scholarship deadline.****

Scholarship Due Date

Counseling Office to Mail Return to Student Organization picking up from Office

If Counseling Office is to mail, please make certain the address is included in the application. If detailed financial information is included, please have that in a sealed envelope.

Requesting the following:

- Transcript
- Letter(s) of recommendation from _____

***** NOTE *** Letters of recommendation cannot be released to students.**

Letter(s) of recommendation must be "blind" – no name or gender. Some applications specify this.

ID NUMBER to be included on items in blind application

- Essay/Resume
- SAT/ACT Scores

Please note the following special instructions for this application: _____

Student signature _____

Hand application to the School Counseling Office Administrative Assistant. DO NOT LEAVE ON DESK!