

Scholarship Transcript Request Form

NO FEE REQUIRED

Student Name _____

Name of Scholarship _____

Counselor: Mrs. Fiori Mrs. Luker Sr. Peggy

****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!