

# Scholarship Transcript Request Form

**NO FEE REQUIRED**

Student Name \_\_\_\_\_

Name of Scholarship \_\_\_\_\_

Counselor:  Miss Boisselle  Mrs. Fiori  Mrs. Luker  Sr. Peggy  Mrs. Pumerantz

**\*\*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!**