

SCHOLARSHIP APPLICATION CHECKLIST/RECORDS RELEASE FORM

Requests to the Guidance Office for the mailing of transcripts, counselor recommendations, etc., must be made at least 12 FULL SCHOOL DAYS before the application deadline.

Student Name _____ Homeroom Teacher _____
 Scholarship Organization _____
 Organization Address _____
 City, State, Zip _____

DUE DATE _____

Please check off the materials you need to be sent. (You must provide an addressed 9 X 12 envelope with 4 stamps. Please do not put a return address on the envelope.)

	Required (√)	√ When Ready/Mailed (for Guidance Use Only)
Application (provided by student)		
Essay (provided by student)		
Activity Resume (provided by student)		
Teacher Recommendations Names of Teachers:		
1.		
2.		
3.		
4.		
Transcript (includes class rank, GPA). A school profile is automatically sent with all transcripts.		
Most recent report card		
SAT I Scores Dates Taken:		
SAT II Scores		
ACT Scores		
AP Scores		
Form for guidance office/counselor completion		

I, the undersigned, hereby authorize the Guidance Department of Hampshire Regional High School to release all official school records, which have been and are being kept regarding myself (or my student) to the organization designated above. The guidance office keeps a record of all mailings and cannot be held responsible for mail that does not arrive at the specified destination due to problems with the US Postal Service.

Signature (by parent if student is under 18) _____ Date _____

FOR GUIDANCE USE ONLY:
 Mailed _____ Counselor _____
 Date Received _____ Postcard _____

