Bishop Stang High School – Scholarship Recommendation/Transcript Request Form

For internal processing purposes, the following form must be completed for **each scholarship to which you are applying.** Requests are due to the counseling office via this form **at least 1 week prior to the scholarship deadline.** If you are requesting the counseling office to mail your documents, please provide ***ACCURATE*** mailing/submission information – **complete address must be provided**.

STUDENT'S NAME: _____

NAME OF SCHOLARSHIP: _____

Application Due Date: _____

COMPLETE ADDRESS OF SCHOLARSHIP: _____

_____ The **$5.00 one-time transcript/recommendation fee** is attached (checks are payable to Bishop Stang High School)

_____ I prefer to mail ALL documents myself. I understand that letters and transcripts **MUST remain sealed as provided and it is my responsibility to come back to the counseling office to retrieve my documents.**

_____ I would like the counseling office to mail all documents for me and ***I WILL PROVIDE ALL DOCUMENTS NECESSARY.***

_____ I have submitted a previous request form – **NO FEE REQUIRED**

_____ Official transcript (signed and sealed) _____ Unofficial transcript (student copy – no seal or signature; emailed to you)
Although we do not report rank to colleges, please indicate if the scholarship application requires this: YES / NO

_____ Please include a copy of my counselor's recommendation

_____ Please include a copy of my most recent grades

_____ Please include a copy of my SAT/ACT scores

Please indicate which teacher recommendation(s) you would like to send:

1. _____ 2. _____

STUDENT'S SIGNATURE: _____

PARENT'S SIGNATURE: _____

For office use only:

Date received: _____ Transcript fee paid _____

Date processed: _____ Date mailed: _____ Mailed by: _____