

SCHOLARSHIP APPLICATION INFORMATION RELEASE

DATE OF REQUEST _____ SCHOLARSHIP DEADLINE _____

ALLOW 2 WEEKS FOR MAILING

I, _____, REQUEST THE BAHs GUIDANCE OFFICE TO MAIL THE FOLLOWING ITEMS TO THE ADDRESS BELOW:

_____ TRANSCRIPT _____ LETTER OF RECOMMENDATION
_____ OTHER _____

DO YOU WANT YOUR SAT SCORES INCLUDED ON YOUR TRANSCRIPT? ____ YES ____ NO
DO YOU WANT YOUR AP SCORES INCLUDED ON YOUR TRANSCRIPT? ____ YES ____ NO

NAME OF SCHOLARSHIP: _____

ADDRESS: _____

STUDENT WILL PICK UP _____ PLEASE SEND TO ABOVE ADDRESS _____

INTENDED MAJOR IN COLLEGE (IF KNOWN): _____

Please include any information (copies of application or eligibility requirements) that the counselor may find useful when writing a letter of recommendation for this specific scholarship.

Parent/Guardian Signature: _____
Student may sign if 18 years of age.