



NORWALK HIGH SCHOOL COUNSELING DEPARTMENT SCHOLARSHIP APPLICATION PROCESSING FORM

This form, together with the completed scholarship packet, must be submitted directly to your School Counselor at least **(10) SCHOOL days PRIOR** to the scholarship deadline.

A **SEPARATE** PROCESSING FORM **MUST BE COMPLETED** FOR **EVERY** SCHOLARSHIP FOR WHICH SCHOOL DOCUMENTS ARE BEING REQUESTED.

Student's Name _____ School Counselor _____

Student's Cell Phone (____) _____ - _____ Student Email _____ @ _____

SCHOLARSHIP DEADLINE DATE ____/____/____
(as listed on the application)

DATE **RECEIVED BY** STAMP
(office use only)

Name of Scholarship _____

Scholarship Mailing Address _____

Does this scholarship need a teacher recommendation? YES NO
(If Yes, please have teacher sign below granting permission to send his/her letter)

Teacher Name: _____

Teacher's Signature _____ Date ____/____/____

Does this scholarship require a counselor recommendation? YES NO

Does this scholarship have specific instructions? YES NO

(If Yes, please list those instructions in the space below)

PARENTAL DISCLOSURE STATEMENT

I _____ authorize the release of the high school transcript & other requested documents
(Parent/Guardian First & Last Name)

on behalf of my child _____ to the scholarship organization listed above.
(Print Student's First & Last Name)

Parent/Guardian Signature

____/____/____
(Date)

COUNSELING OFFICE USE ONLY

Transcript _____ Profile _____ Counselor Rec _____ Teacher Rec _____ Transcript _____ First Qtr./Mid-Year _____

Date Electronically Sent ____/____/____ Date Mailed ____/____/____