

**SCHOLARSHIPS**  
**CCHS TRANSCRIPT REQUEST**

\_\_\_\_\_ Last Name                      \_\_\_\_\_ First Name                      MI                      \_\_\_\_\_ Student ID Number                      \_\_\_\_\_ Grad Year

**SCHOLARSHIP NAME:** \_\_\_\_\_

**SCHOLARSHIP ADDRESS:** \_\_\_\_\_  
Street/PO Box

\_\_\_\_\_ Additional Address Info if Needed                      \_\_\_\_\_ City                      \_\_\_\_\_ State                      \_\_\_\_\_ Zip

**DEADLINE DATE:** \_\_\_\_\_ **OR** \_\_\_\_\_  
Receive By                      Postmark By

*Please send the following documents to the scholarship committee:*

<input type="checkbox"/> <b>OFFICIAL TRANSCRIPT</b>	<input type="checkbox"/> <b>UNOFFICIAL TRANSCRIPT</b>
<hr/> <hr/>	
<input type="checkbox"/> <b>COUNSELOR RECOMMENDATION</b>	<input type="checkbox"/> <b>COUNSELOR FORM</b> <i>(supplied by scholarship committee)</i>
Counselor Name: _____	
<hr/> <hr/>	
<input type="checkbox"/> <b>TEACHER RECOMMENDATION/S</b>	
Teacher Name: _____ Teacher Name: _____	
<hr/> <hr/>	
<i>I am also submitting the following forms to be sent with the above request(s):</i>	
<input type="checkbox"/> <b>Scholarship Application</b>	
<input type="checkbox"/> <b>Test Scores</b>	
<input type="checkbox"/> <b>Teacher Form</b> <i>(supplied by scholarship committee &amp; completed by teacher)</i>	
<input type="checkbox"/> <b>Essay</b>	
<input type="checkbox"/> <b>Resume</b>	
<input type="checkbox"/> <b>Financial Information</b>	
<input type="checkbox"/> <b>Other:</b> _____	
_____	

\_\_\_\_\_ Counselor Name                      \_\_\_\_\_ Student Signature                      \_\_\_\_\_ / / Date

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Date Received: \_\_\_\_\_ By: \_\_\_\_\_                      Date Mailed: \_\_\_\_\_ By: \_\_\_\_\_