Guidance Counselor Form

Full Name

Guidance Couns	elors						
	and ACT scores if applicable.	Please put N	I/A if the tests w	vere not taken, or	are yet to be	taken.	
SAT Scores (Combined):			ACT Scores:				
	s a cumulative unweighted						
Counselor's Name	e (please print or type):						
Last			First			Middle	
Position:			School:				
School Address:							
	Number & Street	City Or Tov		County	State	Zip	
Office Telephone:			Cell Phone:				
Email:			Fax Number:				
The information sub	omitted in this application to t	he best of my	y knowledge is i	true and correct.			
Your Signature	gnature Date		Counselor's Signature Date			Date	
Statement by the Student				Next Ste	ps		
I hereby authorize my educational institution to release to A Washington, DC Chapter any information pertinent to the reschholarship, including enrollment status, employment, and status. I also authorize media announcements of my awards			uested For Students:				
ignature of Student			 Date	Without th	This piece is mandatory. Without this form, your application will not be considered		