

THOMAS PETERSON FARY AND ALVIN JENETTIE ROANE FARY
MEMORIAL SCHOLARSHIP

SCHOOL COUNSELOR REPORT AND OFFICIAL TRANSCRIPT REQUEST

FOR THE APPLICANT TO COMPLETE:

Applicant Name:

Mailing Address:

Home Phone: ()

I recognize the confidential nature of this document and I **Do** **Do Not** waive the right to access this information.

Applicant's Signature

Date

FOR THE COLLEGE COUNSELOR OR GUIDANCE COUNSELOR TO COMPLETE:

Counselor Name:

Title:

School Name:

School Address:

Counselor Telephone: ()

Counselor Email:

Does your school rank students? **Yes** **No** If yes, this applicant ranks in a class of

Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct that resulted in the applicant's probation, suspension, removal, dismissal or expulsion from your institution? **Yes** **No**

Counselor Signature

Date

TO THE COUNSELOR:

Please email this completed report and the student's transcript, INCLUDING FIRST TRIMESTER / SEMESTER GRADES TO: faryscholarship@gmail.com no later than February 20, 2018.