

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 16, 2021.