

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 mail this completed report and the student's transcript, INCLUDING FIRST TRIMESTER / SEMESTER GRADES TO:

Fary Memorial Scholarship Fund, P O Box 485, Tappahannock VA 22560-0485, postmarked no later than February 21, 2017