

Seaford High School Scholarship Form

Student Name: _____

Counselor Name: _____

Scholarship Name: _____

Scholarship Deadline: _____

Mailing Address of Scholarship: _____
(or Email Address)

Documents to Be Sent:

Transcript

Letters of Recommendation

Teacher 1 _____

Teacher 2 _____

Teacher 3 _____

Other (i.e. activity resume) _____

(Please indicate if any documents are attached)

Special Instructions: _____

FOR OFFICE USE ONLY:

Date Received from Student: _____

Date Mailed: _____

Initialed: _____