



Scholarship Application Request Form

Complete this form for EACH scholarship you submit to Miss Nogales

Student: _____

LAST NAME	FIRST NAME	MIDDLE NAME
_____	_____	_____

Student #: _____ Date: _____

Name of Scholarship: _____

Deadline date for this application: _____

Type of Application you submitted:

Paper Application

On-line Application

Other (Please explain) : _____

How will the school counselor submit her portion of the above application?

Return to Student On-line Mail Other: _____

Please list the following:	Other Attached Forms:
<input type="checkbox"/> GPA _____	<input type="checkbox"/> _____
<input type="checkbox"/> Class Rank _____	<input type="checkbox"/> _____
<input type="checkbox"/> ACT _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____

Guidelines:

- Hand the application materials directly to Miss Nogales for review during office hours. Do not just leave it on her desk.
- **Allow LHS 2-3 weeks for processing.** Watch your deadlines!
- **School Counselors' Office CAN NOT process this application without the completion of ALL necessary requirements!**

I HAVE COMPLETED MY APPLICATION; ALL NEEDED FORMS, RECOMMENDATIONS, ESSAYS, ETC. ARE INCLUDED.

Student Signature: _____ Date: _____

Office Use Only:	Comments:		
DATE RECEIVED :	MEETING DATE:	DATE SENT OUT:	COUNSELORS INITIALS:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>