

NAME OF APPLICANT _____

CONNECTICUT STEM FOUNDATION, INC.

TRANSCRIPT PERMISSION FORM

To the applicant:

Have your parents sign this form and then give it to your School Counselor.

I grant permission for _____ Counseling Department
Name of High School

to send the the following transcripts to the Connecticut STEM Foundation, Inc. Summer Scholarship Program:

- Grade Nine: Transcript of grades
- Grade Ten: Transcript of grades (if applicable)
- Grade Eleven: Transcript of grades (if applicable)

Signature of Parent/Guardian

Date

Send transcripts to the following address:

Connecticut STEM Foundation, Inc.
Attention: Summer Scholarship Program
PO Box 1048
Redding, CT 06875

For additional information direct your inquiries to:
Info@ctstemfoundation.org and indicate “summer scholarship” in the subject line.

Please Note:

Deadline for receipt of transcripts is Friday, June 8, 2018 at 5:00 PM. Transcripts received after this date will disqualify the applicant.