

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

- Grade Nine: Transcript of grades
- Grade Ten: Transcript of grades
- Grade Eleven: Transcript of grades
- Grade Twelve: Grades for MP1, MP2, Mid Year Exams and Any First Semester Course Final Grades

Signature of Parent/Guardian

Date

Send transcripts to the following address:

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

For additional information:

Info@ctstemfoundation.org. Indicate “college scholarship” in the subject line.

Please Note:

Deadline for receipt of transcripts is Friday, May 4, 2018. Transcripts received after this date will disqualify the applicant.