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 Middle School

to send the all middle school transcripts to the Connecticut STEM Foundation, Inc. Middle School Scholarship Program:

_____ _____
Signature of Parent/Guardian *Date*

Send transcripts to the following address:

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

For additional information direct your inquiries to:
Info@ctstemfoundation.org and indicate "middle school scholarship" in the subject line.

Please Note:
Deadline for receipt of transcripts is Friday, June 11, 2021 at 5:00 PM. Transcripts received after this date will disqualify the applicant.