

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 9, 2023 at 5:00 PM. Transcripts received after this date will disqualify the applicant.**