

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  
P. O. Box 1048  
Redding, CT 06875

**Please Note:**

**Deadline for receipt of transcripts is Saturday, June 1, 2024. Transcripts received after this date will disqualify the applicant.**