

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 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  
P. O. Box 1048  
Redding, CT 06875

**Please Note:**

**Deadline for receipt of transcripts is Saturday, June 8, 2024. Transcripts received after this date will disqualify the applicant.**