Haddam-Killingworth High School

TRANSCRIPT REQUEST FORM-FOR SCHOLARSHIP APPLICATIONS

Student Name:_____ Date Received_____

Counselor: Baerlein ☐ Myers ☐ Stone ☐ Pac ☐ **(School Counseling Office Use Only)**

Scholarship Name	Application Due Date	Transcript Required	SAT Score Required	Other	Teachers Recommendations to Send (please list in order of preference)
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