

Guidance Counselor Form

To be completed by your school guidance counselor and submitted with application

Your Name: _____

School: _____

Is the student listed above a graduating senior who holds a GPA of a C or above?

YES NO

Does this student have a good attendance and behavior record?

YES NO

Has this student had any suspensions due to alcohol, vaping, tobacco or other drugs?

YES NO

Has this student been accepted by a 2-4 year accredited college or technical school?

YES NO

By signing below, you are confirming that the information above is true and is attested to by the student and their guidance counselor.

Guidance Counselor printed name: _____

Guidance Counselor Signature: _____ Date: _____

Student Signature: _____ Date: _____