

LUZERNE COUNTY HEAD START, INC.
SCHOLARSHIP COMPETITION

STUDENT INFORMATION FORM
For Authorization of Release of Information by School

Name of Student

Home Address

I am the parent/guardian of the above named student who is an applicant for a Luzerne County Head Start Scholarship. Selection of winners is based, in part, on the information listed below and I hereby authorize you to release it to the selection committee.

Parent/Guardian Signature

Instructions: (This section to be completed by high school official.)

A transcript of the student's grades and academic achievement must be submitted with this form.

1. Test Scores:

<u>Test</u>	<u>Score</u>
SAT (Total Score)	_____
Other _____ (Name of Test)	_____

2. Class Rank: _____ in class of _____ as of _____.
(Number) (Class Size) (Date)

3. GPA: _____

4. Guidance Counselor Certification:

Signature/Date _____ / _____

Please Print Name _____

Position _____