

NOTRE DAME PREPARATORY SCHOOL

COLLEGE/SCHOLARSHIP APPLICATION PROCESSING AND TRANSCRIPT REQUEST FORM

**Counselors: Mr. Whalen (A – E), Mrs. Bond F - K)
Mr. Salic (L - Re) Ms. Mahoney (Ri – Z)**

STUDENT'S NAME: _____
(Print your name)

Deadline Date: _____

A SEPARATE FORM MUST BE USED FOR EACH COLLEGE OR SCHOLARSHIP APPLICATION.

List the name, address, city, state and zip of the college and/or scholarship application which you are submitting today and the name of the dept./person.

(List FULL name of College or Scholarship)

Address City State Zip

To the attention of: _____

Please include the letter of recommendation which I, the student have requested from _____ with the above application.
(teacher's name)

Please **process** the above application **without a letter of recommendation.**

*I understand that I **must allow sufficient time for processing** by my counselor of all completed applications.*

Student's signature Date Time

Counselor Notes: _____ DATE MAILED: _____