

**TRANSCRIPT REQUEST FOR SCHOLARSHIP/FINANCIAL AID**

Request Date: \_\_\_\_\_ Postmark Deadline Date  
as shown on your application  
(leave blank if not specified): \_\_\_\_\_

Student ID: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle

Use this request for all scholarship or financial aid applications before you graduate. Paper copies of transcripts will be sent at no charge if ordered before you graduate.

Handling Instructions (please check below all that apply):

\_\_\_\_\_ Hold for additional documentation/packet from: \_\_\_\_\_  
\_\_\_\_\_ student/parent  
\_\_\_\_\_ counselor  
\_\_\_\_\_ other (please specify): \_\_\_\_\_

\_\_\_\_\_ Take transcript to the HHHS Guidance Center for inclusion in scholarship packet

\_\_\_\_\_ Mail transcript to address as shown below:

\_\_\_\_\_  
Name of Scholarship Program

\_\_\_\_\_  
Attention (if applicable-may be person's name or department-check instructions)

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature\*

.....\*(Must be signed by parent or guardian if student is not 18 years old.)

.....Please do not write below this line.

Processing information to be entered by registrar office personnel:

Processed by: \_\_\_\_\_ Date mailed: \_\_\_\_\_ School Mail  
Date Processed: \_\_\_\_\_ Date delivered To Guidance: \_\_\_\_\_ Post office (postage supplied by student)  
Paid: \_\_\_\_\_ Cloud Notes: \_\_\_\_\_