



FOR REGISTRAR ONLY

RECEIVED _____

MAILED _____

**JAMESTOWN HIGH SCHOOL
SCHOLARSHIP REQUEST FORM
(PLEASE PRINT)**

NAME: _____
(LAST) **(FIRST)**

SCHOLARSHIP DEADLINE: _____
(Postmarked or received by?)

NAME & ADDRESS OF SCHOLARSHIP:

***Most scholarship opportunities
Prefer that all documentation arrive
in one package. We will mail your
documentation provided you turn all parts
in at least 5 days before the deadline.**

REQUEST

Please check all that apply

- Official Transcript
 Counselor Recommendation
 Teacher Recommendation

1. _____

2. _____

***Recommendation letters WILL
NOT be given to students***

REQUESTS MUST BE MADE AT LEAST 5 WORKING DAYS BEFORE DEADLINE

THERE IS NO FEE FOR SCHOLARSHIPS