



FOR REGISTRAR ONLY

RECEIVED _____

MAILED _____

PICK UP _____

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

REQUESTS MUST BE MADE AT LEAST 5 WORKING DAYS BEFORE DEADLINE

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
 Unofficial Transcript
 Counselor Recommendation
 Teacher Recommendation
1. _____
2. _____

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

THERE IS NO FEE FOR SCHOLARSHIPS