

**LAMPHERE HIGH SCHOOL
SCHOLARSHIP ROUTING FORM**

IMPORTANT NOTE: All application materials **MUST be turned in to the Counseling Office a minimum of 2 WEEKS PRIOR TO DUE DATE for timely processing.**

Student Name: _____

Scholarship Name: _____

Scholarship Application Mailing Information:

Organization: _____

Street: _____

City, State, Zip: _____

Check here to verify all requested materials are included.

By signing below I authorize and acknowledge the following:

1. Lamphere High School Counseling Office to send my application and all requested materials to the above named scholarship.
2. I authorize personnel of Lamphere Schools to furnish the above named scholarship an official transcript.

Student Signature

Date

Parent Signature

Date

Office Use:

_____ Date received

_____ Transcript processed

_____ Date mailed