

CGSF Transcript Request Form
Class of 2018

Name: _____

Birthdate: _____

This request form serves as the completion of my CGSF Scholarship application. I understand that my official transcript will be reviewed and used as part of the application process. This transcript includes all standardized test scores and semester grades.

I agree that if I am offered and accept a scholarship from CGSF, CGSF may use my name, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my “Recipient Information”) in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of CGSF and its affiliated programs.

Applicant: _____ Date _____

Parent Signature: _____ Date _____
(if not 18 years of age)