

MARY CATHERINE AND ROBERT WELDON CARR, SR.

MEMORIAL SCHOLARSHIP

School Counselor Form

**** IMPORTANT ****

**** Student must submit in a sealed envelope from their school counselor. ****

**** *This form is to be completed by the applicant's school counselor.* ****

_____ (name of applicant) has applied for the above-named scholarship. For this student's application to be considered they must submit this completed form. The form must be in a sealed envelope noted "Confidential" and "Mary Catherine and Robert Weldon Carr, Sr. Memorial Scholarship."

Applicant's Name: _____

Applicant's Grade Point Average: _____

Expected Graduation Date: _____

Is the applicant in need of financial assistance? ____ YES ____ NO

Is the applicant of good character and citizenship? ____ YES ____ NO

Please provide additional information if needed.

Thank you.