

**Christ Episcopal Church Charitable Foundation  
Education Commission**

**Guidance Counselor Form (Due by March 31)**

Date:

Name of Applicant:

Applicant's Address:

City:

State:

Zip:

The above Applicant has applied for a scholarship or grant to be awarded by Christ Episcopal Church Charitable Foundation. We appreciate your assessment and/or opinion regarding the Applicant's standing, record, character and capabilities.

**Please provide the following for the Applicant:**

SAT Total: \_\_\_\_\_ or CR \_\_\_\_\_ M: \_\_\_\_\_ W: \_\_\_\_\_

ACT \_\_\_\_\_

GPA \_\_\_\_\_ Class Rank: \_\_\_\_\_

**Please attach your response to the following**

- List any scholastic honors or awards as well as any extracurricular activities at school
- Please provide any additional information, thoughts or insights regarding this student (including how long you've known the student) that you believe should be known in this regard.

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email