

**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