



ILLINOIS FOOD RETAILERS ASSOCIATION SCHOLARSHIP PROGRAM

MAIL TO: Illinois Food Retailers Association Scholarship Program
1919 S. Highland Avenue, #265-D
Lombard, IL 60148

HIGH SCHOOL RECORD REQUEST FORM

All applicants must complete steps 1-3:

1. Complete the student information section below.
2. Mail or submit this form to your high school guidance office.
3. Have this form and attached record postmarked by April 1. Notify Guidance Counselor of postmark deadline.

Note: A high school record is needed regardless of the applicant's year in college.

Student Information:

Social Security Number _____ - _____ - _____ Year of High School Graduation _____

Name: First _____ MI _____ Last _____

Home Mailing Address _____ Apartment _____

City _____ State _____ ZIP _____

Home Phone # (_____) _____ - _____ E-Mail Address _____

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby give permission for school officials to release my secondary school record and other requested information.

Applicant's signature _____ Date _____

Parent's signature _____ Date _____
(if student is under 18)

Guidance Counselor: This student is applying for a scholarship. Please complete steps 1-4:

1. Attach a copy of the student's high school record, which includes seven semesters of grades and scores from the College Board and/or ACT.
2. Fill in the boxes below with the requested information.
3. Sign certification statement below.
4. Mail this form and attached record to address above, or return this form and attached record to the student for mailing by the **April 1** postmark deadline.

I certify that all the information on this form is correct, and that the student's record is attached.

Counselor's Signature _____

Office Phone Number _____ Office Fax Number _____

High School GPA	Class Rank	Class Size	ACT-Composite	SAT-Verbal	SAT-Math	SAT-Essay