

**Delaware State University
1890 Agricultural Scholarship Program
High School Applicants:**

Applicant's Authorization to Release Academic Information (for counselor)

Delaware State University (DSU) is an equal opportunity provider and employer. The above-named student is a candidate for the DSU 1890 Agricultural Scholarship Program. To process this application, DSU will need:

An official secondary school transcript from the student's secondary school record which must contain a seal and signature of an authorized school official. Please note that only students with an **unweighted GPA of 3.2 on a 4.0 scale** are eligible for the DSU 1890 Agricultural Scholarship Program.

Thorough responses will greatly enhance your student's candidacy. This information will be used only-in connection with the selection of Scholars and will be seen only by qualified persons involved in the selection process.

Please delete all personally identifiable information, such as social security numbers and dates of birth from any supporting documentations.

For questions or more information about the DSU 1890 Agricultural Scholarship Program, please contact **Dr. Alex Meredith, College of Agriculture, Science and Technology (CAST):**
ameredith@desu.edu.

Delaware State University
CAST 1890 Agricultural Scholarship Program
Applicant's Authorization to Release Academic Information (for Counselor)

Applicant's Full Name

Last First Middle Suffix

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, a school must obtain signed authorization before it can release student information for use in this scholarship program. Permission is hereby given to school officials to release record and other requested information for consideration in the scholarship program named above. *Note: If the applicant is a minor child, under the age of 18, parental or legal guardian signature is required.*

Student's Signature _____

Date _____

Parent or Legal Guardian Signature _____

Date _____

Applicant: If you have attended this school less than 2 years, you must copy this form and have your previous school also complete this form for you.

School Name _____

Address _____

City State Zip Code Phone Number

F. Secondary/Post-Secondary School Record (for counselor)

The high school applicant’s official secondary school transcript (with seal and signature by an authorized official), including grades 9 through 12, must be attached to this section of the application. If the official transcript is not provided, the applicant will not be considered for the scholarship.

Note: If the applicant is enrolled in official college courses (i.e. dual degree), please submit an official transcript from the college as well.

Applicant’s Full Name

Last	First	Middle	Suffix
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Counselor’s Printed Name

Counselor’s Signature

Date

This form, along with the candidate’s official school transcript, must be included in the application package.