

Albert W. Van Duzer Scholarship Fund Application

GUIDANCE COUNSELOR LETTER OF REFERENCE

To be completed by the guidance counselor or student's advisor.

NAME OF APPLICANT: _____

HIGH SCHOOL/ CITY: _____

GRADUATION DATE: _____

GRADE POINT AVERAGE: _____ CLASS RANKING _____ OUT OF _____

SAT SCORES: CRITICAL READING: _____ MATH: _____ WRITING: _____

ACT SCORES: ENGLISH _____ MATH _____ READING _____

SCIENCE REASONING _____ COMPOSITE _____

Please give us an indication, based on your knowledge of this applicant, why she or he would or would not be a good candidate for Van Duzer scholarship funds.

Please attach a current transcript for the applicant.

I certify that the information given above is valid as of the date indicated.

SIGNATURE: _____ DATE: _____

NAME: _____

A letter written on school letterhead may be attached, if preferred.

Please return this completed form, in a sealed envelope, to applicant. If you prefer, you may mail directly to:

**Wendy V. Blackman
Chair, Van Duzer Fund Board of Trustees
808 West State Street
Trenton, NJ 08618-5326**

All application materials must be postmarked by April 1, 2017

PLEASE NOTE: Incomplete packets will not be considered.