WASHINGTON AFCEA D.C. CHAPTER SCHOLARSHIP APPLICATION GUIDANCE COUNSELORS

SAT Scores:	Combined:	Read:	Math:	Write:	
This candidate ra	nks in a class	of students and	has the cumulative	grade point average of	
on a	_ scale. If precise ran	k is not available, plea	se indicate rank to t	the nearest tenth from the	
top. The rank is _	weighted or	unweighted.			
Counselor's name	e (please print or type	e):			
		Last	First	Middle	
Position:		Schoo	:		
School Address:					
	Number & Stre	et City or To	wn County	State Zip	
Office Telephone	:	Cell Pi	none:		
Email:		Fax Nı	Fax Number:		
Your Signature	IS TRUE AND COF	RRECT.	Date		
Tour Signature			Date		
Counselor's Sign	ature		Date		
Attach this for	m to your online s	cholarship applica	ion.		
STATEMENT E	BY THE STUDENT				
pertinent to the re	•	including enrollment s	•	chapter any information and current address. I	
Signature of Stud	ent		Date		
Full Name (print of	or type)		Social Security I	Number	