



Counselor Recommendation and Evaluation Form

Applicant Contact Information

Type or print in black or blue ink.

Name: _____
Last Name First Name Middle Initial

Address: _____
Street Apt#

_____ Home phone: _____
City State Zip Code

Cell-phone: _____ Date of Birth: ____/____/____

High School: _____ Student ID# : _____

Counselor Section:

Rank in Class: _____ out of: _____ GPA (weighted; ex. 4.0): _____ Earned College Hours: _____

SAT Score: _____ ACT Score: _____ *If score is available.

FAFSA Submitted: Yes _____ No _____ **OR** TASFA Submitted: Yes _____ No _____

Financial Need? Yes _____ No _____

*Expected Family Contribution (EFC) less than \$6,500.

Counselor's Signature: _____

Date: _____

You MUST also upload a completed Counselor Recommendation and Evaluation Form. If your Counselor is not available, your school Financial Aid Officer may fill out the form. You can download the form at www.psjaisd.us/foundation.

Upload completed form to online scholarship application.