

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Due back to Guidance Office by 3:00pm Monday, May 11<sup>th</sup>**

Correct address if needed:

Please mail a final transcript to:

Check address on  
snail mail version

\_\_\_\_\_  
(Name of College, University, Union, or Apprenticeship)

Please check which box describes your future plans.

- |  |   |
|--|---|
| <input type="checkbox"/> 4 year college/university       | <input type="checkbox"/> enter the work force working for _____ company |
| <input type="checkbox"/> 2 year college/university       | <input type="checkbox"/> military service _____ (branch)                |
| <input type="checkbox"/> 2 year technical school/college | <input type="checkbox"/> undecided which of the above                   |

**Virtual Senior Showcase to be published Friday, May 22, 2020**

- If you need more lines, feel free to attach another form or list items on the back.
- The guidance office is NOT necessarily informed of all your accomplishments, so please return this form so that we may celebrate with you during the Senior Showcase program.
- This information may be published in the newspaper. Please return this sheet so you and the organizations granting your awards may be recognized.
- Please attach a copy of your scholarship award letter. We will include a listing copy of your certificate when appropriate in the slideshow.
- If you receive a scholarship after turning in this paper, please immediately bring or email a copy to the guidance office.



<b>Career Center Students:</b> Please list the program you completed and the license/certificate you have been awarded.	
Program Name @ WCCC	License/Certificate Awarded

<b>CCP Students:</b> Please list all associate degrees you have been awarded.	
Institution of Higher Education	Degree

<b>Higher Education Students:</b> Please list the degree you will be pursuing and the institution of higher education you will be attending.	
Institution of Higher Education	Major/Degree/License/Certificate Pursuing

**Please list all scholarships awarded**

Institution Scholarships		
Scholarship Name	Yearly Amount	Total

Community/Church Scholarships		
Scholarship Name	Yearly Amount	Total

Parent's Place of Employment Scholarships		
Scholarship Name	Yearly Amount	Total

Military Enlistment Scholarships		
Recruiter's Name	Phone Number	Branch

Due back to Guidance Office or emailed to Mrs. Walsh @ [kelli.walsh@fortfrye.org](mailto:kelli.walsh@fortfrye.org) by 3:00pm Monday, May 11<sup>th</sup>