

TO THE APPLICANT:

Type or print neatly in ink the name of your high school, your own name, and the name of the institution you will attend, and then give this form to your **guidance counselor**.

The J. E. Surrine Scholarship Program

SCHOOL'S RECOMMENDATION

Date _____

(Name of High School)

(Name of Applicant)

has applied for a

Surrine Scholarship to attend

(Name of Institution)

Your assistance in the following two matters will be greatly appreciated.

- (1) Is the applicant recommended for a Surrine Scholarship to attend the institution indicated?
Yes No (if answer is No, please see note below)
- (2) Please supply the following information about the applicant's high school record with the ACT/SAT scores, if applicable.

NOTE: If the student is enrolling in the College Transfer Program through a technical institute, the student must have ACT/SAT scores.

Applicant ranks _____ in a graduating class of _____ students with a GPA of _____.

Applicant's highest ACT scores: Verbal _____

Math _____

Applicant's highest SAT scores: Verbal _____

Math _____

Will this student receive the: LIFE scholarship _____

Palmetto Fellows _____

Year of Graduation: _____

Send this form by **April 15, 2012** to:
Surrine Scholarship Program
301 Camperdown Way, Box 2848
Greenville, SC 29602

NOTE: The space below is provided for any statement you may wish to make about the applicant. If you are not recommending the applicant, please give your reason(s) here. If additional space is required, use the back of this sheet.

Signed _____

Date _____



**GREENVILLE COUNTY
SCHOOLS**

Where enlightening strikes.