



HASBROUCK HEIGHTS PUBLIC SCHOOLS

THE OFFICE OF THE SUPERVISOR OF GUIDANCE & TESTING

365 Boulevard
Hasbrouck Heights, New Jersey 07604
Phone (201) 288-6150

Local Scholarship Applications Cover Sheet

Student Name: _____

Please list the names of all scholarships included in the submission. If an application requires a transcript and/or letter of recommendation attached, please indicate in the appropriate column.

Name of Scholarship	Transcript	Letter of Recommendation (Include teacher/counselor name)
	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature: _____

***All scholarship applications are due no later than
Monday, March 17, 2025, by 3:00 p.m.
There are no exceptions and no applications will be accepted after the deadline.***

School Counselor Signature : _____ Date: _____