



Ocean City High School
Ocean City, New Jersey 08226
Guidance Department
(609) 399-1290, EXT. 4214
Fax (609) 399-1966
<http://www.oceancityschools.org/>

OFFICIAL TRANSCRIPT REQUEST FORM FOR SCHOLARSHIP APPLICATIONS

Student's Name

Date Submitted

**PLEASE FORWARD MY OFFICIAL TRANSCRIPT AND ADDITIONAL
SUPPORTING MATERIALS TO:**

NAME OF SCHOLARSHIP

CITY, STATE, ZIP

PARENT OR ADULT STUDENT'S (18 or older) SIGNATURE

Date You Completed Your Application: _____ **Application Deadline:** _____

** Counselors must have the application at least **ten working days prior** to the scholarship
deadline.*

PLEASE SEND THE FOLLOWING TO THE ABOVE ADDRESS:

_____ Official Transcript

_____ Recommendations Teacher/Recommenders Name _____

Teacher/Recommenders Name _____

_____ Essay

_____ Academic Resume

_____ Other _____

OFFICE USE ONLY:

_____ Date Received

_____ Date Sent