

YOUR NAME: (Please Print) _____

SENIORS College/Scholarship Update

College Name (Please Print)	Check One		Check if Attending	Major/Area of Study for <u>attending college only</u>	Scholarship Name	\$ Amount	
	Accepted	Denied				Per Year	or Total

B W F N S M (office use only) Please return to: Lou Ann Leatzaw, Counseling Office or email to lleatzaw@rhnet.org