



RVCC CONCURRENT ENROLLMENT PROGRAM (CEP)

COUNSELOR REQUEST FOR NEED BASED SCHOLARSHIP

DATE: _____

STUDENT NAME: _____

NAME OF HIGH SCHOOL: _____

REASON FOR REQUEST

- ☐ FREE OR REDUCED LUNCH
- ☐ IMMEDIATE FINANCIAL NEED
- ☐ OTHER (PLEASE EXPLAIN)

COMMENTS: _____

GUIDANCE COUNSELOR NAME: _____

CONTACT INFORMATION: _____

GUIDANCE COUNSELOR SIGNATURE:
