

# Albert W. Van Duzer Scholarship Fund Application

## GUIDANCE COUNSELOR LETTER OF REFERENCE

To be completed by the guidance counselor or student's advisor.

NAME OF APPLICANT: \_\_\_\_\_

HIGH SCHOOL/ CITY: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

GRADE POINT AVERAGE: \_\_\_\_\_ CLASS RANKING \_\_\_\_\_ OUT OF \_\_\_\_\_

SAT SCORES: CRITICAL READING: \_\_\_\_\_ MATH: \_\_\_\_\_ WRITING: \_\_\_\_\_

ACT SCORES: ENGLISH \_\_\_\_\_ MATH \_\_\_\_\_ READING \_\_\_\_\_

SCIENCE REASONING \_\_\_\_\_ COMPOSITE \_\_\_\_\_

Please give us an indication, based on your knowledge of this applicant, why she or he would or would not be a good candidate for Van Duzer scholarship funds.

**Please attach a current transcript for the applicant**

*I certify that the information given above is valid as of the date indicated.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

A letter written on school letterhead may be attached, if preferred.  
Please return this completed form, in a sealed envelope, to applicant. If you prefer, you may mail directly to:

**Wendy V. Blackman**  
**Chair, Van Duzer Fund Board of Trustees**  
**808 West State Street**  
**Trenton, NJ 08618-5326**

All application materials must be postmarked by March 1, 2012