

**The Willington Scholarship Foundation Dollars for Scholars  
Renewable Scholarship**

**REQUEST FOR INFORMATION CONCERNING THE STANDING OF THE CANDIDATE**

**Postmark Deadline for Return: June 15, 2024**

Instructions to the Candidate: After you have completed the Candidate section below, give this form to your dean or appropriate college/university official to finish completing and to return to the Willington Scholarship Foundation Dollars for Scholars (WSFDFS), postmarked by June 15, 2024.

**To be completed by the Candidate (please print)**

Last Name (family)	First Name (given)	Middle Name (or initial)	Date of Birth
Address		State	Zip Code
Official Name of Institution			

**Waiver of Access**

I have requested that this report be filed by school officials for use in the scholarship award process by the Willington Scholarship Foundation Dollars for Scholars, Inc. (WSFDFS). In accordance with the Family Educational Rights and Privacy Act of 1974, I have indicated my intention regarding access to these reports by checking of the following options:

- I waive access to this report which shall therefore be considered confidential.
- I do not waive access to this report.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions for the Dean or other College/University Official: The student named above is applying for a renewable scholarship to be effective beginning Fall, 2024. Please answer the five questions below, sign, and return the entire completed form by **June 15** to **WSFDFS; P.O. Box 194, Willington, CT 06279**

Note— If the student has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to the WSFDFS Awards Committee. If the student has not waived access and receives a renewable scholarship, this report will be made available upon his or her request.

**To be completed by the University Official:**

1. What is the student's cumulative Grade Point Average for the 2023-2024 academic year? \_\_\_\_\_
2. Is the student's 2023-2024 course load a full-time load at your institution? \_\_\_\_\_ # of credits \_\_\_\_\_
3. How many credits/courses are required for graduation? \_\_\_\_\_
4. Is the applicant in good academic standing? \_\_\_\_\_
5. Has the applicant ever been subject to disciplinary action?
  - If yes, please attach an explanation or use the reverse side of this form.
  - Please indicate if School policy prevents you from responding.  Yes  No

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer's Name (please print)	Preparer's Title	phone number	Email address
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Official Name of Institution: \_\_\_\_\_

Address	State	Zip Code
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