



GLOUCESTER COUNTY COLLEGE

learning for real life 

External Scholarship Academic Release Form

I, _____,

on _____, 20____, understand that as an applicant for

the _____ Scholarship, I fully

understand that in order to be considered for this scholarship, I grant permission

for my academic transcript, scholarship application and recommendation letters to

be released to the donor of the scholarship to be used in the selection process of

the above-named scholarship.

Student's Signature

Date

Parent's Signature

Date

(Required if Student is under 18 years of age)

PLEASE ATTACH FORM TO SCHOLARSHIP APPLICATION