# FAIR HAVEN UNION HIGH SCHOOL COLLEGE APPLICATION CHECKLIST

**Address**: 33 Mechanic Street, Fair Haven, VT 05743 **Phone**: 802-265-3636 **Fax**: 802-265-3118 **CEEB**: 460-145

Counselors: Mrs. Kelly Stewart kstewart@arsu.org | Ms. Karen Roddy kroddy@arsu.org | Mrs. Debby Pelkey dpelkey@arsu.org

Student Name: _____ Date Submitted: _____

**You must complete one form per college application packet.**
**An addressed manila envelope with 4 stamps must be provided for each request.**
**Submit all application material to Guidance at least two (2) weeks prior to the college deadline.**

**College Information:**

College Name: _____ Major: _____

College Address: _____ City: _____ State: _____ Zip: _____

**Application:**

Application Deadline: _____ Early Decision/ Early Action: ED EA No

Did you apply on line? Yes /When: _____ No Did you use the Common App? Yes No

| | | | | |
|---|---|---|---|---|
| How was the supplement submitted? | Online | In attached envelope | Separate Mailing | NA |
| How was the essay submitted? | Online | In attached envelope | Separate Mailing | NA |
| How was the resume submitted? | Online | In attached envelope | Separate Mailing | NA |
| Application Fee paid: | Online | In attached envelope | Separate Mailing | NA |

**Test Scores:**

Would you like your ACT/SAT scores sent with your application? Yes No

*Note that some colleges require ACT/SAT scores to be sent directly from the processing center

**Recommendations:**

Counselor recommendation required: Yes No
Does your counselor have the Senior Autobiography: Yes No

How many recommendations does the college require? _____
Did you ask teachers to send recommendation directly to Counselor: Yes No
I have requested recommendations from:

_____ Send with Application? Yes No Teacher submitted online
Name

_____ Send with Application? Yes No Teacher submitted online
Name

_____ Send with Application? Yes No Teacher submitted online
Name

_____
Student Signature authorizing transcript to be sent to the above named institution

**To Be Completed by Counselor:**

| | | | | | | |
|---|---|---|---|---|---|---|
| Teacher Recommendations: | **Yes** | **No** | Counselor Recommendation: | **Yes** | **Online** _____ | **No** |
| Supplemental Materials: | **Yes** | **No** | Transcript Included: | **Yes** | **Online** _____ | **No** |
| Test Scores Included: | **Yes** | **No** | Date Mailed: _____ | | | |