

FAIR HAVEN UNION HIGH SCHOOL COLLEGE APPLICATION CHECKLIST

School Address: 33 Mechanic Street, Fair Haven, VT 05743 **Phone:** 802-265-4966 **CEEB:** 460-145

Counselors: Mrs. Stewart Mr. Bombard Mrs. Pelkey

Student Name: _____ **Date Submitted:** _____ **Date Mailed:** _____

You Must Complete One Form Per College Application Packet

SUBMIT ALL APPLICATION MATERIAL TO GUIDANCE AT LEAST TWO (2) WEEKS PRIOR TO THE COLLEGE DEADLINE

College Information:

College Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Campus visit date: _____

Interview date: _____

Major: _____

Application:

Application Due Date: _____

Did you apply on line? **Yes** When: _____ **No**

Did you use the Common App: **Yes** **No**

Is supplement included: **Yes** **No**

Application Fee included: **Yes** **Waiver** **No**

Essay checked/Included: **Yes** **No**

Early Decision/ Early Action: **ED** **EA** **No**

Application signed: **Yes** **No**

Envelope Addressed & w/ Postage (4 stamps): **Yes** **No**

Resume Included: **Yes** **No**

Test Scores:

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

Does the college require ACT/SAT scores to be sent directly from the processing center? **Yes** **No**

If so, have you made arrangements for the scores to be sent: **Yes** When: _____ **No**

Date(s) SAT / ACT taken: _____

Retaking SAT / ACT: When: _____

SAT II subject test(s) required: **No** **Yes:** _____ How many: _____ Which: _____

Recommendations:

Have you Requested Recommendations: **Yes** **No** How many does the college require? _____

Did you ask teachers to send recommendation directly to Counselor: **Yes** **No**

I have requested recommendations from:

Name Relationship **Send with Application?** **Yes** **No**

Name Relationship **Send with Application?** **Yes** **No**

Name Relationship **Send with Application?** **Yes** **No**

Counselor recommendation required: **Yes** **No**

Have you met with your counselor: **Yes** **No**

Does your counselor have the Senior Autobiography: **Yes** **No**

To Be Completed by Counselor:

Transcript: _____ Teacher Recommendations: _____

Test Scores: **Yes** **No** Counselor Recommendation: _____

Supplemental Materials: _____