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**Kloepfer Family Foundation Inc. Scholarship Program**  
School Guidance Counselor Form

Please type or print using black ink. **This recommendation must be postmarked by March 31, 2021.**

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**STUDENT INFORMATION (To be completed by the applicant and parent/guardian)**

Name \_\_\_\_\_  
Last First Middle Preferred

School Name \_\_\_\_\_

**I have provided the following teachers/school officials with Kloepfer Family Foundation Inc. Scholarship program Recommendation Forms to complete on my behalf.**

Name \_\_\_\_\_ Title/Position at School \_\_\_\_\_

Name \_\_\_\_\_ Title/Position at School \_\_\_\_\_

Name \_\_\_\_\_ Title/Position at School \_\_\_\_\_

**CERTIFICATION OF COMPLETED APPLICATION and RECORDS RELEASE AUTHORIZATION**

(To be completed by the applicant's parent/guardian)

**I certify that my child and I have completed the Kloepfer Family Foundation Inc. Scholarship Program Student Application, and I give permission for my child's school to release my child's school records including, but not limited to, cumulative grades, achievement test scores, attendance, and behavior records. I understand that these records will be used only by the Kloepfer Family Foundation Inc. Scholarship Program in consideration of my child's application for participation.**

Parent/Guardian \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**GUIDANCE COUNSELOR INFORMATION (To be completed by counselor/school official)**

Thank you for taking the time to complete this Kloepfer Family Foundation Inc. Scholarship Program School Guidance Counselor Form. On the reverse, you will find a checklist of items needed to complete the student's application. Please fill in the information requested, provide copies of the items requested, sign the form, and mail to the Kloepfer Family Foundation Inc. Scholarship Program by **March 31, 2021**. Please note that the student's parent/guardian has signed a records release authorization above.

**Please complete and sign the back of this form**



## Records Checklist

- Copy of cumulative folder or permanent record card** – to include grades and progress report for 4<sup>th</sup> and 5<sup>th</sup> grades.
- What was the student's 4<sup>th</sup> grade GPA?** \_\_\_\_\_
- Fourth grade attendance information**  
# of days absent \_\_\_\_\_ # of those days that were excused \_\_\_\_\_  
If the student missed an excessive number of days, please indicate the reason (if known)  
\_\_\_\_\_  
\_\_\_\_\_
- Copy of a current 5<sup>th</sup> grade transcript**
- What was the student's 5<sup>th</sup> grade GPA?** \_\_\_\_\_
- Fifth grade attendance information**  
# of days absent \_\_\_\_\_ # of those days that were excused \_\_\_\_\_  
If the student missed an excessive number of days, please indicate the reason (if known)  
\_\_\_\_\_  
\_\_\_\_\_
- Copy of most recent test scores** – including latest available Iowa Basic Test, Kentucky Core Content Test (KCCT) and MAP test results.
- Conduct or behavior records (ASD, etc.) from the last two years, if applicable**
- Please use the space below to note any other records (please provide copies if applicable) or information that might be relevant to understanding this student's performance.**

I certify that the information above is complete and that the records requested are attached.

Name of person completing this form \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail your completed Kloepfer Family Foundation Inc. Scholarship Program Student Application to:

Kloepfer Family Foundation Inc. Scholarship Program  
P.O. Box 1737  
Hazard, KY 41702-1737

All application materials (including this form) must be postmarked by **March 31, 2021**.

**If you have questions about the application process, please contact the Kloepfer Family Foundation Inc. Scholarship Program at 606-216-2463.**