



Lancaster County Good Samaritan Scholarship Foundation

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this applicant meets the criteria set forth by this scholarship program and that I support this application to the Good Samaritan Scholarship Foundation.

Student Name: _____

Name of Guidance Counselor supporting the application:

High School: _____

Contact information: email _____ phone _____

Signature of Guidance Counselor:

Date: _____