

McLean Auxiliary
 75 Great Pond Road
 Simsbury, CT 06070
 860-658-3710
 mclean.auxiliary@mcleancare.org



Merit Scholarship Application Transcript Request

Applicant: Please complete this form and submit to your current or most recent educational institution. Alternatively, you may use whatever form is required by the school.

School Name		
Contact Person Name	Position	
School Address		
City	State	Zip
Phone Number	Fax Number	

Applicant Name	Student ID Number (if applicable)	
Address		
City	State	Zip
Phone Number	Mobile Number	

As an applicant for the McLean Auxiliary Merit Scholarship, I am requesting and authorizing you to send a certified copy of my latest transcript, **no later than April 1** to:

Karyn Lushinks
 Vice President of Human Resources
 75 Great Pond Road
 Simsbury, CT 06070
 karyn.lushinks@mcleancare.org

Signed (applicant) _____

Date _____