

# College Application

## Supporting Documents Request

PAWLING HIGH SCHOOL CEEB 334-435

School Counseling Office

30 Wagner Rd

Pawling, NY 12564

(845)855-4615 fax 855-4678

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[hildenbrandp@pcsdny.org](mailto:hildenbrandp@pcsdny.org)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Cell# \_\_\_\_\_

Name AND Address of College Admissions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICATION DEADLINE DATE \_\_\_\_\_

\_\_\_\_\_ regular      \_\_\_\_\_ early action      \_\_\_\_\_ early decision      \_\_\_\_\_ priority

### Method of application- check one:

\_\_\_\_\_ CommonApp.org

\_\_\_\_\_ applySUNY

\_\_\_\_\_ SENDEdu

\_\_\_\_\_ Parchment

\_\_\_\_\_ college's own online application

\_\_\_\_\_ paper application

\_\_\_\_\_ other \_\_\_\_\_

Check below the following supporting documentation to be submitted to the college.

\_\_\_\_\_ 1<sup>ST</sup> QUARTER GRADES

\_\_\_\_\_ 2<sup>ND</sup> QUARTER GRADES

\_\_\_\_\_ OFFICIAL HIGH SCHOOL TRANSCRIPT

\_\_\_\_\_ COUNSELOR LETTER OF RECOMMENDATION

\_\_\_\_\_ SCHOOL REPORT FORM

\_\_\_\_\_ OTHER \_\_\_\_\_

Student Signature

Parent Signature (if under 18)

FOR OFFICE USE ONLY : DATE RECEIVED \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_