



RIVERA MEMORIAL FOUNDATION, INC.

186 Cherry Street
Waterbury, CT 06702
www.rmfinc.org

SCHOLARSHIP APPLICATION

PART V.

TO BE COMPLETED BY SCHOOL COUNSELOR

I hereby certify that _____ is a high school
Applicant's Name

senior or full time college student at _____ during
Applicant's High School or College

the current school year and has maintained a cumulative Grade Point Average (GPA)

of _____, based on a 4.0. Scale. I also certify that the above is true to the best of my knowledge.

Print Name of School Counselor

Signature of School Counselor

Date

(OFFICIAL SCHOOL STAMP OR SEAL)