



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:** \_\_\_\_\_