

Center for Fine and Performing Arts

Outstanding Senior Scholarship Records Release Form

Applicant Section

Name: _____

PWCS Student ID Number: _____

I, _____, provide permission for the Center for Fine and Performing Arts (CFPA) Coordinator at Charles J. Colgan, Sr. High School to complete this form and release my current status in the CFPA Program to the CFPA Boosters for the purpose of verifying my eligibility for the CFPA Outstanding Student Scholarship. I understand that this consent can NOT be revoked once this form is submitted.

Applicant Signature

Date

I, _____, the legal parent/guardian of _____, provide permission for the Center for Fine and Performing Arts (CFPA) Coordinator at Charles J. Colgan, Sr. High School to complete this form and release my student's current status in the CFPA Program to the CFPA Boosters for the purpose of verifying their eligibility for the CFPA Outstanding Student Scholarship. I understand that this consent can NOT be revoked once this form is submitted.

Parent/Guardian Signature

Date

(This form is ready for submission when all information above is complete.)

CFPA Coordinator Section

This student's status with the CFPA program is:

____ In Good Standing

____ On Probation

Signature

Date