

2020-21 Counselor Signature Form Instructions

Beginning in 2018, a counselor may submit this form to complete a student's College Bound Scholarship application if a parent or guardian cannot be reached after multiple attempts. For additional information about this form, please refer to the [Counselor Signature Form FAQ's](#).

Contact attempts

Using this form, counselors or administrators must document at least one attempt through each contact type on file (email, phone, and mail). If only one contact type is available, please make multiple attempts to contact the parent or guardian through the available type.

Please give parents and guardians a reasonable amount of time (as defined in the FAQ's) to respond to each contact attempt before completing this form and sending to the College Bound office.

Contact attempt timeline

Application Start Date	Contacts Start	Time Between Contacts
September – December	After January 1 st	1 Month
January – April	After April 1 st	1 Month
May – June	After May 1 st	2 Weeks

Completing the form

Please be sure to fill all fields of the form. If the form is partially or incorrectly completed, the student's application will not be processed. Before submitting, attach the student's Missing Information Letter (MIL) signed by the student. Forms must be turned in by the application deadline listed at the top of the MIL.

Returning the form

Completed forms and MILs must be submitted to the College Bound Scholarship program. Documents can be sent via mail, emailed in the secure WSAC portal, or faxed. Only submit forms via one method.

Mail to: College Bound Scholarship P.O. Box 43430 Olympia, WA 98504-3430	Fax: 360-704-6218	Portal: https://portal.wsac.wa.gov/
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2020-2021 College Bound Scholarship Counselor/Administrator Form



Student and Counselor Information

Student Name _____

CBS Application Start Date _____

Counselor Name _____

Counselor School _____

Counselor Phone Number
Include area code _____

Counselor Email _____

Documentation of parent/guardian contact attempts

Date	Email Address	Outcome

Date	Phone Number	Outcome

Date	Mailing Address	Outcome

Eligibility Requirements

Select one option below (required)

To the best of my knowledge, this student meets one of the following eligibility requirements:

- During 7th or 8th grade, household income from all sources (taxable and non-taxable) is less than or equal to the amounts in the adjacent chart.
- Student is currently in foster care or a dependent of the state.
- Student's family receives SNAP/Basic Food Assistance or TANF benefits.

Household Size	Annual Income Guidelines*	Monthly Income	Weekly Income
2	\$31,894	\$2,658	\$614
3	\$40,182	\$3,349	\$773
4	\$48,470	\$4,040	\$933
5	\$56,758	\$4,730	\$1,092
6	\$65,046	\$5,421	\$1,251
Each additional household member	Add \$8,288	Add \$691	Add \$160

*Household income must be less than or equal to this amount.

_____ The family has NOT informed me that they are ineligible or are uninterested in the scholarship.

Initial

_____ I have attached the MIL with student signature.

Initial

I certify that I have made all necessary attempts to contact the student's parent/guardian and received no response to complete the student's application.

Counselor Signature _____

Date _____

Official Use Only

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Student Signed MIL | <input type="checkbox"/> Documented multiple attempts | <input type="checkbox"/> Eligibility box checked | <input type="checkbox"/> Date application was started | <input type="checkbox"/> Counselor initials and signature |
|---|---|--|---|---|