

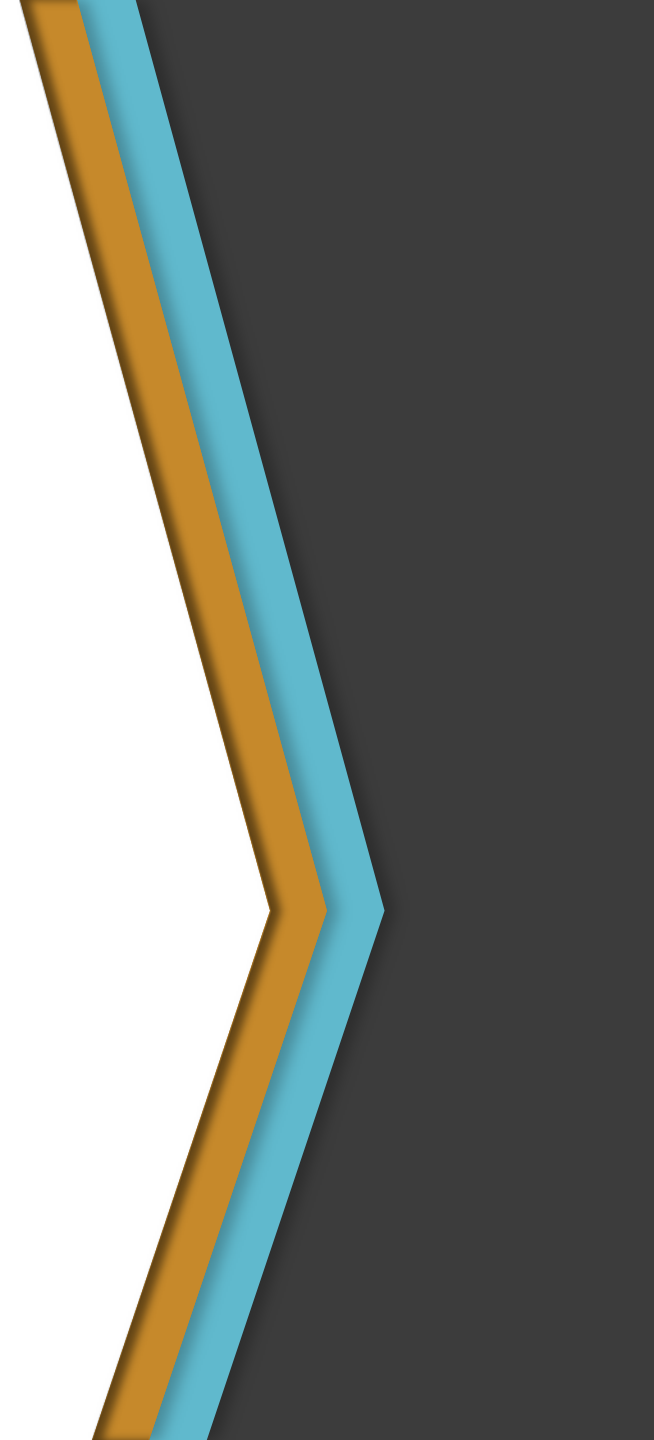


COLLEGE BOUND SCHOLARSHIP COUNSELOR SIGNATURE FORM



**WASHINGTON STUDENT
ACHIEVEMENT COUNCIL**

College Bound Scholarship



Agenda

- 1 { • Introduction
- 2 { • Basics
- 3 { • Instructions
- 4 { • Contact Timeline
- 5 { • Resources

Introduction



Who are we?

Rashel Wise, Program Specialist

Yokiko Hayashi-Saguil, Program Associate



The Counselor Signature Form

Beginning in 2018, in the event that a parent or guardian is unreachable after multiple attempts to complete and submit the College Bound Scholarship application a counselor may submit this form to complete a student's application.



The Counselor Signature Form



Form can be used by any staff person who is assisting in College Bound application completion.



Forms must be completed and provide documentation of contact attempts and outcomes.



Must include student signed Missing Information Letter (MIL).



The form and other resources can be found on College Bound website.



Counselor Signature Form Instructions

- 
- Complete all fields on the form.

- 
- Provide documentation of all contact attempts and outcomes. There should be at least one attempt through each available contact type, or multiple attempts at the same on if it is the only one available.

- 
- Parents/guardians must be given a reasonable amount of time to respond to contacts.

- 
- Include the student signed MIL.

- 
- School staff person completing the form must initial and sign.

A Reasonable Amount of Time

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

The Counselor Signature Form

**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

The Counselor Signature Form

Include contact attempts



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

Counselor/Administrator Signature Form Page 1 of 2

Counselor Signature Form

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

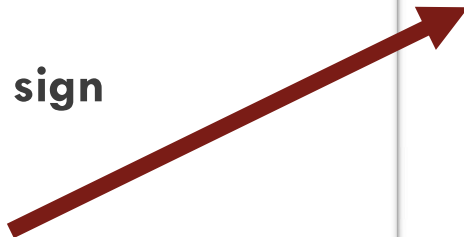
- Student Signed MIL
- Documented multiple attempts
- Eligibility box checked
- Date application was started
- Counselor initials and signature

Counselor Signature Form

Indicate eligibility



Initial and sign



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
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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 ML 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

- Student Signed ML
- Documented multiple attempts
- Eligibility box checked
- Date application was started
- Counselor initials and signature

Counselor/Administrator Signature Form Page 2 of 2

Counselor Signature Form



PARKER, PETER
 7/2020-2021
 DOB: 06/01/2009
 Washington Middle School (OLYMPIA)
 School Code: 3711
 Home language: English

574096
 PARENT/GUARDIAN OF PETER PARKER
 3326 HAWTHORNE PL SE
 TUMWATER WA 98501

DEADLINE - August 31, 2022

You must **complete**, **sign** and **return** this form to finish your application.

REQUIRED: CHECK ONE BOX BELOW

- During 7th or 8th grade, household income from all sources (taxable and nontaxable) is less than or equal to the amounts in the chart for your family size.
 - Student is currently in foster care or a dependent of the state.
 - Student's family receives SNAP/Basic Food Assistance or TANF benefits.
- OR**
- None of the above applies.
 - Not interested.

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
7	\$73,334	\$6,112	\$1,411
8	\$81,622	\$6,802	\$1,570
Each additional household member	Add \$8,288	Add \$691	Add \$160

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

STUDENT INFORMATION

Social Security Number (optional): _____ - _____ - _____

The Washington Student Achievement Council is required by law to keep this number secure.

Email Address: _____

Cell Phone: _____

PARENT/GUARDIAN INFORMATION

Email Address: petersauntmay@gmail.com

Phone Number: (360) 753-7829

- Highest education level completed by parent/guardian:
- Less than a high school diploma
 - Certificate/Associate degree
 - High school diploma/GED
 - Bachelor's degree
 - Some college
 - Master's/doctorate

Counselor Signature Form

* 0 0 0 0 0 C 0 0 5 7 4 0 9 6 *

PARKER, PETER

Requirement to Share Information

I authorize the Washington Student Achievement Council (WSAC) to receive and share my student's application and scholarship eligibility information with select partners only for the purpose of providing College Bound Scholarship (CBS) assistance, academic support, and determining CBS eligibility. These partners could include the Office of Superintendent of Public Instruction, my student's middle/high school, and colleges/universities that participate in CBS.

The information shared may include my student's name, address, birth date, school, school ID number, grade point average and high school graduation date. I understand my student cannot receive CBS without sharing this information.

Sharing Information with Approved Public and Non-Profit Organizations

I authorize my student's information to be shared with approved organizations that have agreed to privacy guidelines. Information will only be used to provide CBS assistance and academic support. I may decline these services by checking the box below.

No, I do not authorize WSAC to share my student's information with approved organizations. My student's information will only be shared with educational entities.

STUDENT PLEDGE - Yes, I am College Bound! I pledge to:

- Graduate from a Washington high school or home school program with a cumulative grade point average of 2.0 or higher.
- Have no felony convictions.
- Apply for financial aid by completing the FAFSA or WASFA beginning my senior year.

Final eligibility to receive funds will be determined when you complete the FAFSA or WASFA.

ACKNOWLEDGEMENT - The student and parent/guardian must sign this before submitting to WSAC.

- I, the parent/guardian, and I, the student, have read, understand and agree to the information on this application and it is true to the best of our knowledge.
- We understand that the student will be eligible for the scholarship if program and income requirements are met when entering college.

OR

- I, the parent/guardian, have indicated my student is not eligible or I am not interested.

Student Signature

Date

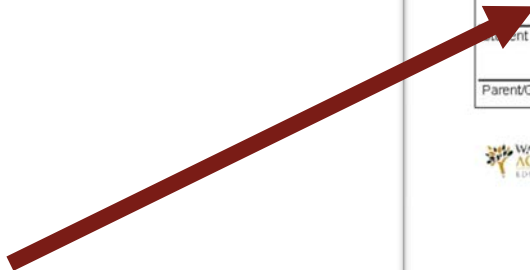
Parent/Guardian Signature

Date

Washington Student Achievement Council
EDUCATION - U.FOR. USUEE - RESUEE

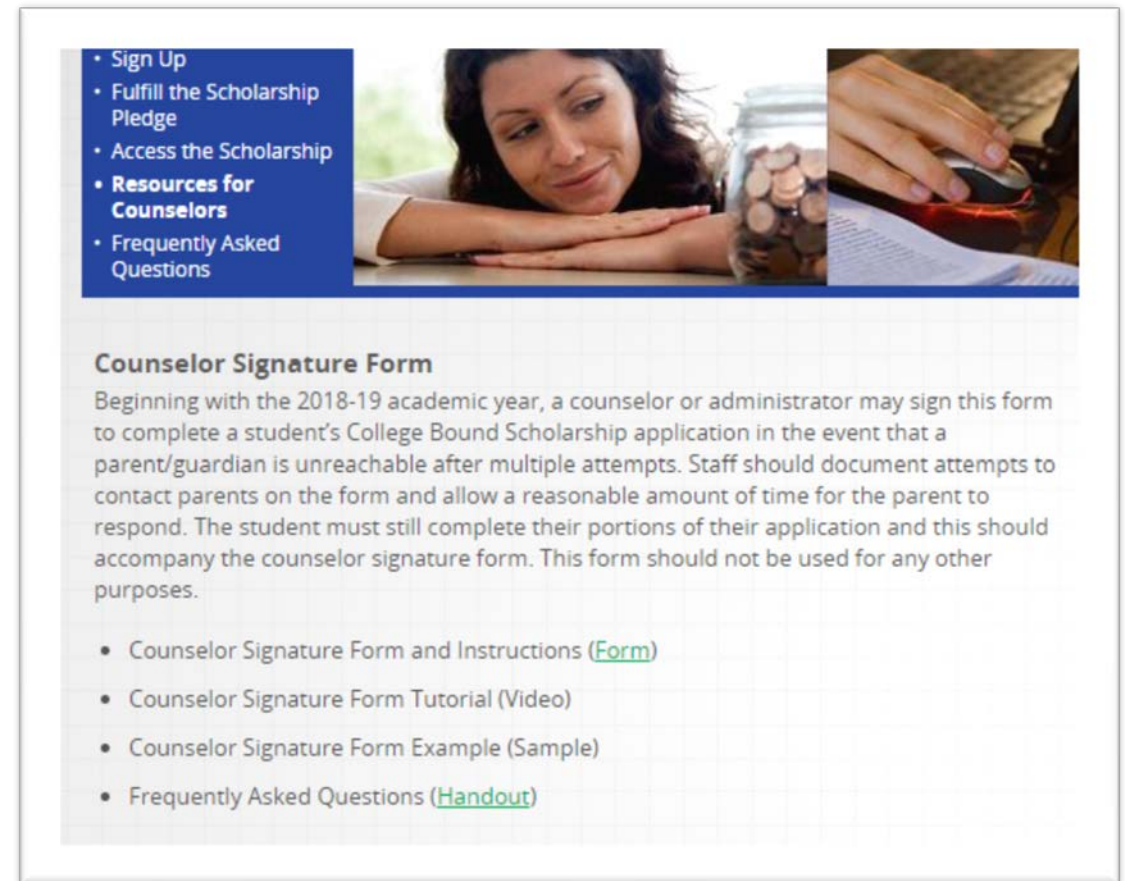
College Bound Scholarship
PO Box 43430 Olympia, WA 98504-3430
888-535-0747, option 1
Fax (360) 704-6218
collegebound@wsac.wa.gov
www.collegebound.wa.gov

WASHINGTON
OPPORTUNITY PATHWAYS



Where can you find the Counselor Signature Form?

The form is posted online on the College Bound website in the “Resources For Counselors” page.



The screenshot shows a webpage with a blue navigation menu on the left containing the following items:

- Sign Up
- Fulfill the Scholarship Pledge
- Access the Scholarship
- **Resources for Counselors**
- Frequently Asked Questions

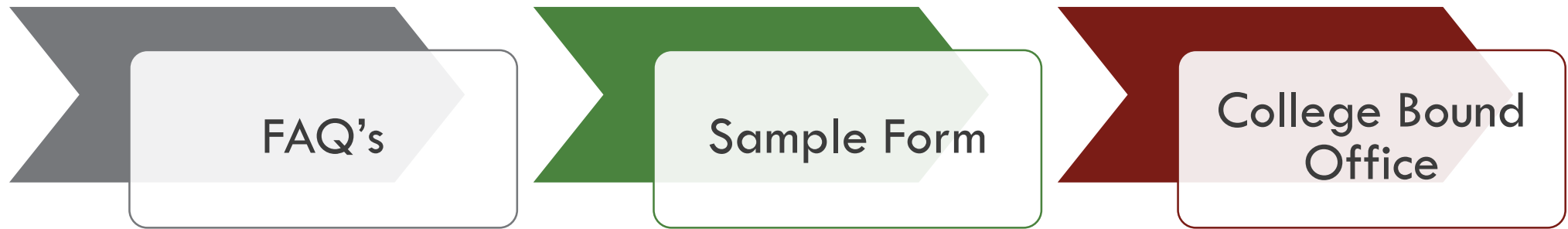
The main content area features a header image of a woman resting her head on her hands next to a jar of coins, and a hand signing a document. Below the image is the section title **Counselor Signature Form** and the following text:

Beginning with the 2018-19 academic year, a counselor or administrator may sign this form to complete a student's College Bound Scholarship application in the event that a parent/guardian is unreachable after multiple attempts. Staff should document attempts to contact parents on the form and allow a reasonable amount of time for the parent to respond. The student must still complete their portions of their application and this should accompany the counselor signature form. This form should not be used for any other purposes.

Below the text is a list of links:

- Counselor Signature Form and Instructions ([Form](#))
- Counselor Signature Form Tutorial (Video)
- Counselor Signature Form Example (Sample)
- Frequently Asked Questions ([Handout](#))

Counselor Signature Form Resources



Questions?



Contact Us



Email

- Collegebound@wsac.wa.gov

Call

- 888-535-0747, Option 1



Thank You!

