

**AFTE SCHOLARSHIP PROGRAM  
Transcript Form**

**To be completed by the college or university's Admissions or Registrar's office**

Student's name: \_\_\_\_\_

Student ID or SSN (or partial): \_\_\_\_\_

Status (please check one)    full-time    half-time    part-time

Level (please check one)    Undergraduate  
   Graduate  
   Post-Graduate

Cumulative Grade Point Average GPA:    \_\_\_\_\_ on a scale of    \_\_\_\_\_

GPA in major (if available):    \_\_\_\_\_ on a scale of    \_\_\_\_\_

Please send this form with **official** transcript(s).

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_

**Please mail this completed form with transcript(s), during the application submission period (January 1 - April 1), to:**

**Erin Mulligan**  
**Chair, AFTE Scholarship Committee**  
c/o Jefferson County Regional Crime Laboratory  
200 Jefferson County Pkwy  
Golden, CO 80401

**Transcripts sent by email will NOT be accepted.**