

**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).

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:

Samantha Harter
Chair, AFTE Scholarship Committee
c/o Onondaga County Center for Forensic Sciences
100 Elizabeth Blackwell Street
Syracuse, NY 13210

Transcript copies sent from an individual via email will NOT be accepted.

**Electronic transcripts from a secure credential delivery service can be sent to:
aftescholarship@gmail.com**

Transcript delivery messages must be received by 11:59:59 PM US Eastern Time [UTC-7] on April 1.