

The Matthew Gaffney Foundation Parent Consent Form

2704 Long Ridge Road
Stamford, CT 06903

Parents please fill this form and give it to your child's school. We request that the school send us report card, teacher comments and standardized testing results to the Matthew Gaffney Foundation for the current academic year as well as previous high school years.

PARENT CONSENT FORM FOR THE RELEASE OF SCHOOL RECORDS

Applicant Name: _____ Birthdate: _____

Home Phone: _____

Cell Phone: _____

Home Address: _____

Applicant Information

High School: _____

High School Address: _____

High School Guidance Counselor: _____

High School Phone Number: _____

Parent/Guardian Signature: _____

I authorize the release of academic records for the student named above including: grades, teachers' comments and standardized testing for the academic year and for the previous academic years.

The Matthew Gaffney Foundation Application Form

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Applicant Infomation

Applicant Name: _____ Birthdate: _____

Home Phone: _____

Cell Phone: _____ Email _____

Home Address: _____

From which country or countries do you and your parents hold passports? _____

Applicant Information

High School: _____

High School Address: _____

How did you hear about the Matthew Gaffney Foundation?

PSAT Score: _____ Date of PSAT Test: _____

PLEASE ATTACH THE FOLLOWING ITEMS:

1. Copy of your official high school transcript.
2. A typed essay about how you will benefit from being selected to participate in the Foundations program as a Gaffney Fellow. Please limit your essay to one page.
3. Please mail completed application to:

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