



**PARENT AUTHORIZATION**

I, *(parent / legal guardian name)* \_\_\_\_\_ authorize school administrators or staff of *(name of high school)* \_\_\_\_\_ to provide *(name of student)* \_\_\_\_\_, with their Federal Free and Reduced Lunch eligibility status, or family income data similar to Free and Reduced Lunch program criteria, and a copy of their high school transcripts. I understand that income eligibility status and GPA are requirements of the El Sol Foundation Board when applying for the American Dream Scholarship and that this information will be used solely for the purpose of determining student eligibility for the scholarship. It will not be used for any other purpose or given to an organization outside of the El Sol Foundation.

I acknowledge that I read the above authorization and approve of its contents.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SCHOOL AUTHORIZATION**

*This section to be completed by the student's school staff member*

Dear High School Counselor/Administrator,

The student named above is applying for the El Sol Foundation American Dream Scholarship. Please complete the sections below and return this form to the student with a copy of their official high school transcript. **Applications are due May 16, 2025.**

**Free and Reduced Meal Program Eligibility:** Is the student named above currently eligible for the Federal Free and Reduced Meal Program? Yes No N/A

**If your school does not offer the Free and Reduced Meal Program:** Can you confirm that the student named above receives financial aid and/or meets requirements similar to those set forth by the Federal Free and Reduced Meal program?  
Yes No N/A

**Academic Criteria:** Student High School Overall Weighted GPA is \_\_\_\_\_.

**Transcript:**  Please include the student applicant's official high school transcript

**Name of Authorized Administrator/Staff:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_