

BISHOP JOHN J. SNYDER HIGH SCHOOL  
SENIOR PLAN FORM  
2023 GRADUATE

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



**Please complete this form and return to the Office of School Counseling by Monday, May 8th.**  
**Attach copies of all admission & financial award letters.**



Complete the item(s) below concerning your future plans. This information will be incorporated into your academic records and will determine where your final transcript is to be sent.

**1. Attached are copies of admission letters:**

Please check the box if accepted into an Honors Program at the listed college. Continue on reverse side.

_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

**2. I have been offered a scholarship(s). Please list below and bring your scholarship award letter, certificate, etc. to the School Counseling Office to be copied for your academic file or attach a copy to this form. Continue on reverse side.**

Bright Futures	State of Florida	Yes/No
_____	_____	\$ _____
Name of Scholarship	Granting Institution	FAS _____
		FMS _____
_____	_____	\$ _____
Name of Scholarship	Granting Institution	Total Amount
		Per Acad. Yr
_____	_____	\$ _____
Name of Scholarship	Granting Institution	Total Amount
		Per Acad. Yr

**3. I plan to join a branch of the armed forces.** \_\_\_\_\_  
Branch of Service

**4. I am going to work.** \_\_\_\_\_  
Name of Firm (if known)

**5. None of the above. My plans are** \_\_\_\_\_

**6. Please send my FINAL TRANSCRIPT (one only) to:**

\_\_\_\_\_ City /State  
Name of College

Transcript/Application Submission Route (i.e. Common App, Coalition, Directly to Institution): \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature Date Student's Signature Date

\_\_\_\_\_  
Parent's email address (Please Print) Graduate's email address (Please Print)