

**LOWELL CATHOLIC HIGH SCHOOL**  
**COLLEGE APPLICATION CHECKLIST**

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

Date: \_\_\_\_\_

College Information:\*

\_\_\_\_\_  
(College/University Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\*Transcripts and letters of recommendation will NOT be sent if you do not provide the mailing address for the Admission Office.

Application Deadline: \_\_\_\_\_ Major Listed on Application: \_\_\_\_\_

Students are responsible for sending applications and supplemental application forms to each college. Guidance will mail transcripts, senior grades, and letters of recommendation.

The following information must be turned in to Guidance at least **one month** prior to the deadline date. Depending on the type of application you submitted, choose the appropriate column and check off the items that pertain to you.

**COMMON APPLICATION**

- \_\_\_ Signed Common App School Report Form
- \_\_\_ Signed Common App Mid Year Report
- \_\_\_ Signed Common App Teacher Evaluation given to the following teachers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_ Transcript Request Fee of \$3.00 (if applicable)
- \_\_\_ Please mail a copy of my SAT scores if they are on file **in addition to the scores I will send through College Board.**

**INDIVIDUAL SCHOOL APPLICATION**

- \_\_\_ Essay (if it cannot be submitted online)
- \_\_\_ Application Fee (if not submitted online)
- \_\_\_ Letters of recommendation requested from the following teachers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_ Transcript Request Fee of \$3.00 (if applicable)
- \_\_\_ Please mail a copy of my SAT scores if they are on file **in addition to the scores I will send through College Board.**

By signing below I am authorizing Lowell Catholic High School to release my transcript to the above school.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

For Guidance Use Only:

- |  |  |
|--|--|
| ___ Transcript with 1 <sup>st</sup> quarter grades | ___ School Profile                     |
| ___ SAT/ACT Scores (if applicable)                 | ___ Mid Year Grades (mailed on: _____) |
| ___ TOEFL Scores (if applicable)                   | ___ Other: _____                       |
| ___ Essay (if applicable)                          | ___ Other: _____                       |
| ___ App fee/ Fee waiver (if applicable)            | ___ Other: _____                       |
| ___ Counselor Recommendation                       |  |
| ___ Teacher Recommendations                        |  |

Guidance Initials: \_\_\_\_\_

Date Mailed: \_\_\_\_\_