

IMSA

Application Processing Slip

INSTRUCTION: Attach a slip to **each** application you submit. Please fill out the entire form.

POSTMARK OR RECEIVED BY DEADLINE *(circle one)* _____

NAME _____

PHONE # _____ E-MAIL _____

IMSA ID# _____

SIGNATURE _____

APPLICATION TO BE SENT TO:

Name of College, Scholarship or Special Program

Street Address and /or PO Box Number

City, State, ZIP

Please circle items below that need to be completed for application:

- A. transcript(s) (this includes your previous schools grades) needed: _____
- B. secondary school report
- C. letter of recommendation by counselor
- D. holding for other materials from (includes teachers letters of recommendations):

DATE SUBMITTED: _____

DATE MAILED BY CAC: _____