



Charlotte Knights Scholarship Program – GUIDANCE COUNSELOR REPORT

_____ has applied for one of the 2025 Charlotte Knights Scholarship Programs. In that regard, please provide in the space below a brief synopsis of the applicant's character, giving special consideration to his/her intelligence, ability to deal with others, ambition and chances of success in college and beyond. Any information provided will be considered confidential and used by the members of the Scholarship Committee in reviewing the candidate's application.

With this form, please enclose the following and mail by **Sunday, April 7th, 2025** directly to

Charlotte Knights
Attn: Atrium Healthcare Scholarships
324 S Mint Street
Charlotte, NC 28202

- Student's official transcript – Please include school name, location & contact info
- Recommendation letter(s) – Please include school name, location & contact info
- Copy of SAT or ACT – Please include school name, location & contact info
 - If not yet complete, please indicate when the student will test: _____
- Grade point average: _____
- Class Rank: _____

Name (Printed)

Signature & Date

Phone Number: () _____

Email: _____