



AccuScholars™ Scholarship Program Application

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR/TEACHER

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to AccuFleet International, Inc.

Name of Guidance Counselor/Teacher approving the application:

High School/College:

Contact information (email/phone): _____

Signature of Guidance Counselor: _____ Date: _____