



VOLUNTEER CENTER  
*of South Jersey*

## Scholarship Award for Volunteer Excellence (SAVE) Program

### STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Volunteer Center of South Jersey.

Name of Applicant:

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Name of Guidance Counselor submitting the application:

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High School:

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#### Contact information

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_

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