



SUNY Orange

Community College in the High School Program (CCHSP) Scholarship Financial Verification Form

To be submitted by high school guidance counselor. Please complete the following:

_____ qualifies for free/reduced lunch. He/she will be in
(Print Student's Name)

the following SUNY Orange courses through the Community College in the High

School Program (CCHSP) in the 2020-2021 academic year: _____

Guidance Counselor _____
(Print Name)

Guidance Counselor Email: _____ Telephone: _____

Guidance Counselor Signature: _____ Date _____

Please send completed form to: Mary Ford, Director of Educational Partnerships, SUNY Orange, 115 South Street, Middletown, NY 10940. Phone: 845/772-1229, Fax: 845/341-4382, Email: mary.ford@sunyorange.edu