



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 2021-2022 academic year: _____

Guidance Counselor _____
(Print Name)

Guidance Counselor Email: _____ Telephone: _____

Guidance Counselor Signature: _____ Date _____

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