



STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR/ADVISOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to the Housing Authority of New Orleans.

Name of Guidance Counselor/Advisor submitting the application: _____

High School: _____

Contact information (email and phone): _____

Signature of Guidance Counselor: _____ **Date:** _____

REMINDER:

**Applications must be received by the Department of Client Services at least 60 days prior to tuition deadline.
NO EXCEPTIONS!**