



# Youth Options Guidance Counselor/Coordinator Form

In order to properly process your application to Mount Mary College, the following document should be completed by a high school guidance counselor/coordinator and returned to Mount Mary College.

Student Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ High School \_\_\_\_\_

High School Contact Person \_\_\_\_\_

Contact's Phone Number \_\_\_\_\_

Check the appropriate box to indicate the **billing address**.

High School \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

District \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check the appropriate box to indicate the release date of the tuition bill.

Please release the tuition bill after the grade has been sent to the high school.

Please release the tuition bill during the semester the student is enrolled in the Youth Options program.

This billing information is current until 20 \_\_\_\_.

High School Contact Person Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form along with the Youth Options application and official high school transcript to the Mount Mary College Admission Office. Thank you!

For office use only: Student ID _____ Total credits enrolled ____
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White: Admission Office copy   Yellow: Registrar's copy   Pink: Business Office copy