



Koinonia Academy

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www.koinoniaacademy.org

Request Form kkk

Office Use Only

Date Received: _____

College Transcript

Please fill out a separate form for each request.

School or Scholarship Information

Name of School or Scholarship: _____

Address: _____

Phone: _____

Contact Name: _____

Documents needed to be sent (please check off):

- Transcript (current)
- Transcript (final)
- School Report (Please Attach or email to office@koinoniaacademy.org)
- Letter(s) of recommendations from:

Note: The student should personally contact the teacher to request a recommendation and let them know when the letter is due.

- Other (please explain): _____

Information is due by: _____

Student Contact Information:

Student Name: _____

Student Address: _____

Student Cell Phone Number: _____

Student Email: _____

Family Phone Number (for current students): _____

Family Email (for current students): _____

Please attach a self addressed and stamped envelope for the school/scholarship. Each student should follow up on his/her application ensuring that the KA information has been received by the school/scholarship.