

**Parent Teacher Organization  
Liberty Pines Academy**

**Guidance Counselor Verification Form**

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Post Secondary Plan: \_\_\_\_\_

Guidance Counselor Name: \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_

Guidance Counselor Contact #: \_\_\_\_\_

Date: \_\_\_\_\_

**All questions should be directed to:**

Shannon Anderson  
PTO Scholarship Coordinator  
801-201-5241  
shannonjeananderson@hotmail.com