



2024 Scholarship

Scholastic Record Form

(To be completed by High School Principal)

- Applicant Name: _____
- Name of High School: _____
- Address of High School: _____
- Rank in Graduating Class (i.e. 2nd out of 10) _____ Out of _____
- Applicant's quartile ranking in graduating class (circle one) 1st 2nd 3rd 4th
- Date of Graduation (MM/DD/YY): _____
- SAT Test Scores: Reading _____ Math _____ Writing _____ Total _____
Date of SAT Test: _____
(Scores must be from a single test, date-combining of scores is not allowed.)
- ACT Standard Composite Score: _____
Date of ACT Test: _____
(Scores must be from a single test, date-combining of scores is not allowed.)

A high school transcript for the first three and one-half years must be attached to the application.

Brief statement by High School Principal regarding applicant.

Signed: _____

High School Principal

Date: _____