

SCHOOL COUNSELOR FORM – WHITESIDE SCHOLARSHIP

NOTE to School Counselor: please complete this form and return it to the student along with an OFFICIAL TRANSCRIPT through the latest spring semester.

Applicant's Name:

FN _____ MI _____ LN _____

Percentile of graduating class _____%

Applicant ranks ____ in a class of ____.

(Applicant must be ranked within the upper
10th percentile of graduating class.)

Cumulative Grade Point Average

Weighted _____/4.0 scale

Unweighted _____/4.0 scale

SAT

Reading & Writing _____

Math _____

ACT

Composite _____

School Official's Signature: _____

School Official's Print Name: _____

Title: _____ Phone #: (_____) _____

School Official's Email: _____

Please return this form and transcript to the student, so they can return it before the application due date.