



SPENCER COUNTY COMMUNITY FOUNDATION
A member of the Community Foundation Alliance, Inc.

TRANSCRIPT VERIFICATION FORM

To be completed by the high school guidance counselor or appropriate official. Superscoring (using the highest subject scores from multiple test dates) will be accepted. If the student has not taken a particular test, please enter "NA" in the appropriate space.

Applicant's official grade transcript must be attached to this form.

Applicant Name _____

Applicant ranks _____ in a class of _____

Cumulative grade point average on a 4.0 scale _____

General Diploma candidate? Yes No

Core 40 curriculum? Yes No

Academic Honors Diploma candidate? Yes No

SAT Verbal/Critical Reading _____ SAT Math _____

SAT Total (Reading & Math Only) _____

ACT Composite Score _____

PSAT Selection Index _____

School Official's Signature

Title

Name of High School

Date Completed

Telephone Number