



HIGH SCHOOL ACADEMIC VERIFICATION FORM

Student's Name: _____
(Print your name legibly)

Instructions:

- Students should complete this form and ask their school counselor or other appropriate administrator to verify the information and sign the form.
- The student's high school transcript is not required at this time but may be requested at a later date.
- This form must be included in each applicant's hard copy packet as indicated on the Scholarship Application Checklist.
- Contact Collin Ruthe at 815-921-3126 or collin@rrvtma.com with any questions.

Cumulative grade point average at time of application is _____ based upon a _____ scale

Cumulative grade point average is Weighted Non-weighted

Class rank is _____ out of _____ students which places student in the top _____ % of class

Highest Composite ACT score: _____ and/or Highest Composite SAT score: _____

List senior year courses [specify advanced placement (AP), honors (H), etc.]

Principal, Counselor, or Registrar Authorization:

Print Name _____ High School _____

Signature _____ Date _____ School Seal < >