

HIGH SCHOOL/GED GUIDANCE COUNSELOR VERIFICATION FORM

Democratic Women's Club Scholarship Please complete what is applicable

STUDENT INFORMATION

1. Name:

Last:	First:	Middle:
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2. High School/GED:	Anticipated date of Graduation:
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3. GPA:		Weighted GPA:	
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4. Class Rank:		Class size:	Weighted Rank:	
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5. ACT Comp score:		
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6. SAT scores	Verbal CR:	Math	Writing:
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7. Total Volunteer hours:		For _____ years
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8. Circle any that apply that the student may be eligible for:

FL Academic Scholar (100% tuition), Fl Merit Scholar (75% tuition), Gold Seal (75% tuition),
 AP Graduate, Honor Graduate, other: _____

9. Please rate 0-10 how the student will do as a student at the collegiate/voc. training level:

0 1 2 3 4 5 6 7 8 9 10

Will probably graduate but with difficulty	Should do average college work	Should do above average work	Should do work of distinction.
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10. COMMENTS why worthy:

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PRINT NAME

Signature of Guidance Counselor

Date

Telephone number: _____ email address: _____