

Student Profile

Student Name: _____

To be filled out by the student:

List of activities

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

List of work experiences

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Unusual or extenuating circumstances, including financial, to be considered:

Academic Profile

To be filled out by the School Counseling Center:

Student Rank _____ in a class of _____ Cumulative Weighted GPA _____ as of _____
(4.0 scale) Date

Testing Results:

SAT Scores (highest score attained): EBRW _____ Math _____

ACT Composite Score: _____

School Counselor Signature: _____

Date: _____

☐ I allow the School Counseling Center to release a transcript with this form to the appropriate scholarship committee.

Student Signature

Date