

HIGH SCHOOL SENIORS ONLY

THIS SECTION IS TO BE SUBMITTED BY GUIDANCE COUNSELOR OR PRINCIPAL:

This is to certify that at the end of the 6th semester this student ranked _____ in a class of _____ students.

This students' cumulative grade point average (GPA) is _____ on a _____ scale.

ACT subject scores:

English: _____

Math: _____

Reading: _____

Science: _____

Composite: _____

SAT scores:

Verbal: _____

Math: _____

COMPASS scores:

Reading: _____

Numerical: _____

Writing: _____

I certify that all information is correct and that if awarded a scholarship, Lincoln Trail College is hereby granted permission to release this information for publication for a period of one year from the date stated below. Also, my signature below gives permission for my high school to provide any academic information requested on this application form. I authorize Lincoln Trail College to provide information pertaining to my enrollment status, hours enrolled, grades, financial assistance, tuition and fees to the director of the Lincoln Trail College Foundation.

Guidance Counselor/Principal signature: _____ Date: _____

Applicant signature: _____ Date: _____