REQUEST FOR SECONDARY SCHOOL TRANSCRIPT

Applicant's full name (Last, First Middle) _____

Birth Date_____ NROTC Program _____

Social Security Number_____

The student named above is applying for an NROTC scholarship. Please complete this part of the form as accurately as possible. The Scholarship Selection Board uses a transcript of grades in reviewing an applicant's record.

1. In addition to courses taken (or in progress) and grades received, it is essential that the transcript reflect rank in class along with the most complete academic record to include test results such as NMSQT, CEEB'S, ACT'S and other national examinations.

2. Important! Please submit this information immediately.

3. Return completed form and a transcript signed or stamped by a high school official to the recruiting activity indicated on the self-addressed envelope provided (Also, include a profile of the graduating class, if possible.)

4. I authorize release of my high school transcript.

_____   _____
Signature   Date

1. Candidate's Cum. GPA(ex. 999.99) _____

2. GPA Scale(ex. 999.9) _____

3. Rank in Class (Approx. to nearest 10th from top)   Exactly   Approximately

   Rank from top_____   No. of students_____

4. % Grad Class Exp to Enter: 4 yr. College _____   2 yr. College _____

5. School ETS Code _____

6. Did this student take any:
   Not
   Offered   Yes   No

                        Honors Courses

                        Accelerated Courses

                        Adv. Placement Courses

7. Are all honors accelerated and advanced placement courses given extra credit in computing:

   Yes   No

                        Rank in Class

                        Grade Averages

8   Did the student receive any academic accommodations? (i.e. extra time on tests, established 504 plan)

       Yes   No

If yes, please list the type of academic accommodation and the school year/s received

_____

_____

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_____

9. Is applicant from minority group or disadvantaged background?   Yes   No

    If yes, which?   Minority   Disadvantaged (specify in comment area)

10. Official School Name:_____

Street Address: _____

City: _____ State & Zip Code: _____

School Telephone (Include Area Code) _____

11. Ranking Period   From: _____   To: _____

Indicate how grade point average and rank were determined if profile not available.

_____

_____

_____

_____

_____

_____

_____

12. If rank is not available, please indicate placement by percentile below.

        Top 5%

        Top 10%

        Top 20%

        Top 30%

        Top 40%

        Top 50%

        Lower 50 %

13. Comment: (Additional information which may be significant in considering applicant)

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Date	Title	Signature	Print Name