

SIGNATURE

I certify that the information provided on this application is accurate and true. I understand that falsified information may result in denial of NEPC Scholarship.

I waive

I do not waive my right to review my high school counselor's comments.

Signature of applicant

**TO BE COMPLETED BY
HIGH SCHOOL GUIDANCE
COUNSELOR**

All applicants must have this section completed by the high school guidance counselor.

HIGH SCHOOL CEEB CODE

RANK IN CLASS

_____ / _____ after

Six semesters

Seven semesters

Eight semesters

School does not rank students.

GRADE POINT AVERAGE

_____ / _____
G.P.A. Scale

TEST SCORES

SAT: Date _____ V _____ M _____ **ACH:** Subject _____ Score _____

Date _____ V _____ M _____ Subject _____ Score _____

PSAT: Date _____ V _____ M _____ Subject _____ Score _____

ACT: Date _____ E _____ M _____ R _____ SR _____ C _____

Date _____ E _____ M _____ R _____ SR _____ C _____

P-ACT: Date _____ E _____ M _____ R _____ SR _____ C _____

COMMENTS

Information relevant to an admissions decision is requested.

SIGNATURE

Signature of counselor/Printed name

Date of signature

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High school telephone

IMPORTANT: Include an official transcript of high school work through at least the junior year.

Narrative Evaluation: We appreciate the difficulty of evaluating a student only on the basis of ranking on a grid. Please use this space for narrative evaluation. We are especially interested in information which will help us to understand those intangible qualities which so often contribute to academic and professional excellence. If you prefer, feel free to attach a letter to this form.

