## **HIGH SCHOOL COUNSELOR'S ENDORSEMENT:**

This section is to be completed by the applicant's high school counselor. Only <u>rising</u> juniors and seniors with GPA's of a minimum 3.0 are eligible to apply.

Please email this section of your application to your school's guidance counselor to complete the form. Your counselor should email this form back to you in order for you to submit with your fully completed application packet.

Name of	f high school:					
Street ad	ldress:					
City:	State:	Zip:				
School to	elephone: ( )					
Classific	cation: risin	ng junior 🔲 ri	sing senior Expect	ed graduation	date: (Month	Year )
Cumulat	tive GPA:	Class 1	ank: C	lass size:		
Indicate applicab		applicant acquir	red or plans to acqui	re the followi	ng tests and test scor	res, if
	TEST		MONTH/YEAR	SCORE	MONTH/YEAR	SCORE
Ameri	TEST	st (ACT)	MONTH/YEAR	SCORE	MONTH/YEAR	SCORE
			MONTH/YEAR	SCORE	MONTH/YEAR	SCORE
Schola	ican College Te	'est (SAT)	MONTH/YEAR	SCORE	MONTH/YEAR	SCORE
Schola SAT A	ican College Tea	'est (SAT)	MONTH/YEAR	SCORE	MONTH/YEAR	SCORE
Schola SAT A	ican College Tea astic Aptitude T Achievement Te	'est (SAT)	MONTH/YEAR	SCORE	MONTH/YEAR	SCORE
Schola SAT A	ican College Tea astic Aptitude T Achievement Te	est (SAT)		SCORE	MONTH/YEAR	SCORE

\*\*Please return this form to the applicant after completion.\*\*