

TRANSCRIPT REQUEST FORM

INCLINE HIGH SCHOOL SCHOLARSHIP APPLICATION

- **TO BE SUBMITTED TO MRS. BOLTON FOR AN UNOFFICIAL COPY OF YOUR UPDATED TRANSCRIPT.**
- **MUST BE SUBMITTED TO MRS. BOLTON BY 2:30 ON FRIDAY, FEBRUARY 24, 2017**

NAME OF APPLICANT (LAST, FIRST, MI)	
DATE OF TRANSCRIPT REQUEST	

I AM REQUESTING AN UNOFFICIAL COPY OF MY TRANSCRIPT TO SUBMIT WITH MY **2016-2017 I.H.S. SCHOLARSHIP APPLICATION**. I UNDERSTAND THAT THE TRANSCRIPT, ALONG WITH MY ENTIRE I.H.S. SCHOLARSHIP APPLICATION, WILL BE VIEWED BY MEMBERS OF THE I.H.S. SCHOLARSHIP COMMITTEE AND BY MEMBERS OF VARIOUS SCHOLARSHIP COMMITTEES PARTICIPATING IN THE I.H.S. SCHOLARSHIP PROGRAM.

SIGNATURE OF PARENT/GUARDIAN _____

SIGNATURE DATE _____

SIGNATURE OF APPLICANT _____

SIGNATURE DATE _____

NOTE TO STUDENT: BEFORE ATTACHING YOUR TRANSCRIPT TO YOUR SCHOLARSHIP APPLICATION, PLEASE MAKE CERTAIN THAT YOUR TRANSCRIPT IS COMPLETE AND ACCURATE (CHECK FOR INCOMPLETES, A+, ON-LINE COURSES, AND CORRESPONDENCE COURSES) UP THROUGH THE FALL SEMESTER OF YOUR SENIOR YEAR. BE SURE TO PROVIDE DOCUMENTATION FOR THE ACT/SAT/AP TEST SCORES YOU USE ON YOUR SCHOLARSHIP.

ALL PAGES OF THE APPLICATION MUST BE SUBMITTED TO MRS. CORNEIL IN THE LIBRARY NO LATER THAN 2:30 P.M., **TUESDAY, FEBRUARY 28, 2017.**

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.